

Jaylee's Transportation LLC

25977 W Superior Ave
Buckeye AZ 85326
United States



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BIBERK PO Box 3300 Wilkes-Barre PA 18773 United States	CONTACT NAME:	
	PHONE (A/C. No. Ext): 844-472-0967	FAX (A/C. No): 203-654-3613
	E-MAIL ADDRESS: CustomerService@biBERK.com	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED Jaylee's Transportation LLC 25977 W Superior Ave Buckeye AZ 85326 United States	INSURER A: Berkshire Hathaway Direct Insurance Company	
	10391	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	OTHER:						
A	AUTOMOBILE AUTHORITY			0051189-01-CA	10/25/2024	10/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.00
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person) \$N/A
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$N/A
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E. L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE - EA EMPLOYEE \$
							E. L. DISEASE - POLICY LIMIT \$
A	CARGO COVERAGE			0051189-01-CA	10/25/2024	10/25/2025	LIMIT/DEDUCTIBLE \$100,000/\$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See attached schedule of covered autos

CERTIFICATE HOLDER

CANCELLATION

Jaylee's Transportation LLC 25977 W Superior Ave Buckeye AZ 85326	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

SCHEDULE OF COVERED AUTOS

POLICY NUMBER: 0051189-01-CA

EFFECTIVE DATE: 10/25/2024

NAMED INSURED: Jaylee's Transportation LLC

NOTES:

VEHICLE INFORMATION:

Vehicle #	Year	Make and Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State		GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium			In-Tow Premium		Cargo Premium
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible			Collision Premium		Collision Deductible
1	2020	FREIGHTLINER M2	3ALACWFC9LDLW9133	Business Use	101 to 300 miles		Buckeye AZ		20001-26000 lbs
	\$13,283.00	\$0.00	\$0.00	\$0.00			\$0.00		\$743.00
	\$30,000	C	\$975.00	\$1,000			\$2,244.00		\$1,000



**MOTOR VEHICLE LIABILITY INSURANCE
IDENTIFICATION CARD**

COMPANY NUMBER 4275595	COMPANY BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY	NAIC No. 10391
POLICY NUMBER 0051189-01-CA	EFFECTIVE DATE 10/25/2024	EXPIRATION DATE 10/25/2025
YEAR 2020	MAKE/MODEL FREIGHTLINER M2	VEHICLE IDENTIFICATION NUMBER 3ALACWFC9LDLW9133
ENTITY ISSUING CARD & PHONE NUMBER BIBERK PO BOX 3300 WILKES-BARRE PA 18773 UNITED STATES 844-472-0967		
INSURED JAYLEE'S TRANSPORTATION LLC 25977 W Superior Ave Buckeye AZ 85326 United States		ADOT CODE 10391

M-5937 AZ (11/2018) SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

A PERSON IS REQUIRED TO POSSESS
EVIDENCE OF FINANCIAL RESPONSIBILITY
WITHIN THE MOTOR VEHICLE.

A CARD MEETS THE REQUIREMENT OR AN
IMAGE OF THE CARD THAT IS DISPLAYED
ON A WIRELESS COMMUNICATION DEVICE
MEETS THE REQUIREMENT.

THIS CARD IS SATISFACTORY EVIDENCE
OF INSURANCE IF THE DEPARTMENT OF
TRANSPORTATION ASKS YOU TO VERIFY
INSURANCE COVERAGE ON THIS VEHICLE.

Report All Accidents To:

1-844-472-0967

24 Hour Toll Free

Claims may also be reported at:

claims@biberk.com

CUT ALONG THIS LINE