



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/05/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 have ADDITIONAL INSURED provisions or 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 Progressive Insurance PO Box 94739, Cleveland, OH 44101	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C. No., Ext): 1-800-444-4487	FAX (A/C. No.):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Financial Casualty Company	11770
INSURED WARD LEGENDARY ENTERPRISE 1441 E MONTE VISTA RD PHOENIX, AZ 85006	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES		CERTIFICATE NUMBER: 286349618461671605D080524T165100		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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	N	983114822	06/26/2024	06/26/2025	EACH OCCURRENCE	\$1,000,000					
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$100,000						
	MED EXP (Any one person)						\$5,000						
	PERSONAL & ADV INJURY						\$1,000,000						
	GENERAL AGGREGATE						\$2,000,000						
	PRODUCTS - COMP/OP AGG						\$2,000,000						
OTHER:	\$												
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	983114822	06/26/2024	06/26/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000					
	BODILY INJURY (Per person)						\$						
	BODILY INJURY (Per accident)						\$						
	PROPERTY DAMAGE (Per accident)						\$						
							\$						
							\$						
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE	\$					
	OCCUR						AGGREGATE	\$					
	CLAIMS-MADE							\$					
	DED						RETENTION \$		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						Y/N	N / A				PER STATUTE	OTH-
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. EACH ACCIDENT	\$
	E.L. DISEASE - EA EMPLOYEE	\$											
	E.L. DISEASE - POLICY LIMIT	\$											
A	See ACORD 101 for additional coverage details.	Y	N	983114822	06/26/2024	06/26/2025	\$						

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

CERTIFICATE HOLDER

Enterprise Holdings INC 4100 W Galveston St STE 1 Chandler, AZ 85226	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 



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY Progressive Insurance	NAMED INSURED WARD LEGENDARY ENTERPRISE 1441 E MONTE VISTA RD PHOENIX, AZ 85006	
POLICY NUMBER 983114822		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 06/26/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$100,000 w/\$2,500 Ded

Description of Location/Vehicles/Special Items

Scheduled autos only
2020 HINO 258/268 5PVNJ8JV1L5S79378
Comprehensive \$1,000 Ded
Collision \$1,000 Ded

Liability coverage may not apply to all scheduled vehicles.

Additional Information

Certificate holder is listed as an Additional Insured and Loss Payee.
Certificate holder is listed as an Additional Insured.