



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2024

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 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 Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas TX 75240	CONTACT NAME: PHONE (A/C, No, Ext): 972-387-3000 E-MAIL ADDRESS: services@swinglecollins.com	FAX (A/C, No): 972-387-3808
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Kinsale Insurance Company		38920
INSURER B : Progressive County Mutual Insurance Company		29203
INSURER C : Texas Mutual Insurance Co		22945
INSURER D : General Star Indemnity Ins Co		37362
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 892701080

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0100318728-0	8/16/2024	8/16/2025	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 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			960702702	8/16/2024	8/16/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			IXG675161B	8/16/2024	8/16/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	0001212807	6/4/2024	6/4/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Cargo			960702702	8/16/2024	8/16/2025	Limit 150,000

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

Certificate Holder is included as Additional Insured as respects General & Auto Liability as required by written contract.
Waiver of Subrogation applies as respects General & Auto Liability and Workers Compensation as required by written contract.
30 Day Notice of Cancellation, 10 day for non-payment.

CERTIFICATE HOLDER**CANCELLATION**

Provident Realty Advisors, Inc.
c/o VendorShield
P.O. Box 1576
Hicksville NY 11802-1576

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

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FRANK SWINGLE & ASSO
13760 NOEL RD #600
DALLAS, TX 75240

PROGRESSIVE
COMMERCIAL

Named insured

JRT Delivery Systems, LLC
Zip Delivery
10610 NEWKIRK ST
STE 206
DALLAS, TX 75220

Policy number: 960702702

Underwritten by:
Progressive County Mutual Ins Co
July 22, 2024
Policy Period: Aug 16, 2024 - Aug 16, 2025
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agent.progressive.com
Online Service

Make payments, check billing activity, print
policy documents, update your policy or
check the status of a claim.

1-972-387-3000

FRANK SWINGLE & ASSO

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is
unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by August 16, 2024.

Your coverage begins on August 16, 2024 at 12:01 a.m. This policy expires on August 16, 2025 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852TX (02/19), 4757TX (02/19), Z434 (02/19), 1891 (02/19), MCS90 (99/99), 1198 (07/16), Z528TX (03/07), 2366 (02/11), 8610 (02/19), 2367 (06/10), Z311 (02/19), Z228 (01/11), 4852TX (02/19) and 4881TX (02/19).

The named insured organization type is a corporation.

Motor Vehicle Crime Prevention Authority Fee

Your payment includes a \$5.00 fee per vehicle each year. This fee helps fund:

- auto burglary, theft and fraud prevention;
- criminal justice efforts;
- trauma care and emergency medical services for victims of accidents due to traffic offenses; and
- the detection and prevention of catalytic converter thefts.

By law, we send this fee to the Motor Vehicle Crime Prevention Authority (MVCPA).

Outline of coverage**Auto coverage part**

Description	Limits	Deductible	Premium
Liability To Others			\$43,268
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Hired Auto Liability To Others			216
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$1,000,000 combined single limit		3,349
Uninsured Motorist Property Damage	Included in combined single limit	\$250	1,909
Medical Payments	\$10,000 each person		559
Personal Injury Protection	Rejected		--
Comprehensive			2,195
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			6,947
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			418
See Auto Coverage Schedule			
Subtotal policy premium			\$58,861

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$150,000	\$1,000	\$6,211
Subtotal policy premium			\$6,211
Waiver of Subrogation Fee			25
Additional Insured Fee			20
Blanket Waiver of Subrogation Fee			75
Blanket Additional Insured Fee			75
Motor Vehicle Crime Prevention Authority Fee			15
Total 12 month policy premium and fees			\$65,282
Discount if paid in full			-10278
Total 12 month policy premium if paid in full			\$58,429

Cost of Renting, Hiring, or Borrowing: \$5,000 or less (if any)

Rated drivers

1. Joe Azzaro
2. Jerome Martin
3. Juan Arellano
4. Les Richeson
5. Marla Kennedy

Rated commodities

1. TOOLS

Auto coverage schedule

1. **2019 FREIGHTLINER M2** Stated Amount: * \$88,000 (including Permanently Attached Equip)
VIN: **3ALACWFC0KDKE3401** Garaging Zip Code: 75220 Radius: 100 miles
Personal use: N Body type: Box Truck

Liability Premium	Liability Premium	UM/UIIM Premium	UM PD Premium	Med Pay Premium	
	\$16421	\$940	\$638	\$152	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$942	\$1,000	\$2881	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$125 per day	\$209			\$22,183
	Max \$3,750				

2. **2019 FREIGHTLINER M2** Stated Amount: * \$88,000 (including Permanently Attached Equip)
VIN: **3ALACWFC9KDKE3400** Garaging Zip Code: 75220 Radius: 100 miles
Personal use: N Body type: Box Truck

Liability Premium	Liability Premium	UM/UIIM Premium	UM PD Premium	Med Pay Premium	
	\$16421	\$940	\$638	\$152	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$942	\$1,000	\$2881	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$125 per day	\$209			\$22,183
	Max \$3,750				

3. **2018 FORD TRANSIT** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **1FTYR2CM3JKA78734** Garaging Zip Code: 75220 Radius: 100 miles
Personal use: N Body type: Cargo Van

Liability Premium	Liability Premium	UM/UIIM Premium	UM PD Premium	Med Pay Premium	
	\$10426	\$1469	\$633	\$255	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$311	\$1,000	\$1185	\$14,279

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Policy

960702702

Electronic Funds Transfer and Multi-Product

Additional Insured information

Blanket Additional Insured applies.

1. Additional Insured Lincoln Property Company
C/O Registry Monitoring Insurance Services
Westlake Village, CA 91361

Waiver of Subrogation information

Blanket Waiver of Subrogation applies.

- | | | |
|----|-----------------------|--|
| 1. | Waiver of Subrogation | Lincoln Property Company
C/O Registry Monitoring Insurance Services
Westlake Village, CA 91361 |
|----|-----------------------|--|

Important notice

You may qualify for a premium discount if you have other commercial coverages such as a General Liability or a Business Package Policy. Please contact Customer Service or your agent for details.

SCHEDULE OF FORMS

<i>Attached To and Forming Part of Policy</i> 0100318728-0	<i>Effective Date of Endorsement</i> 08/16/2024 12:01AM at the Named Insured address shown on the Declarations	<i>Named Insured</i> JRT Delivery Systems LLC
<i>Additional Premium:</i> \$0	<i>Return Premium:</i> \$0	

CAS1000-0521 - Commercial General Liability Declarations
 ADF9013-0524 - Notice - Where to Report a Claim
 ADF4001-0110 - Schedule of Forms
 CG0001-0413 - Commercial General Liability Coverage Form
 ADF2000-0622 - Policy Amendment - Extrinsic Evidence
 CAS2004-0110 - Deductible Endorsement
 CAS2007-0222 - Common Conditions - Casualty
 CG2034-1219 - Additional Insured - Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You
 CG2139-1093 - Contractual Liability Limitation
 ADF4002-0824 - Basis of Premium
 CAS4002-0110 - Waiver of Transfer of Rights of Recovery Against Others to Us-Blanket
 CAS4018-1121 - Additional Policy Provisions - Premium
 CAS4020-0622 - Limitation - Independent Contractors Or Subcontractors
 CAS4091-0224 - Amendment - Conditions - Premium Audit (Including Noncompliance Conditions) - 25% Charge Factor
 ADF3003-0922 - Exclusion - Absolute Pollution and Pollution Related Liability
 ADF3010-0110 - Exclusion- Nuclear, Biological or Chemical Materials
 ADF3011-0115 - Exclusion of Other Acts of Terrorism Committed Outside the United States; Exclusion of Punitive Damages Related to a Certified Act of Terrorism; Cap on Losses from Certified Acts of Terrorism
 ADF3017-0622 - Exclusion - Biometric Information Privacy Laws
 CAS3009-0110 - Exclusion-Medical Payments
 CAS3011-0220 - Exclusion - New Entities (Commercial General Liability)
 CAS3017-0110 - Exclusion- Absolute Auto, Aircraft and Watercraft
 CAS3022-0619 - Exclusion - Prior Work (Commercial General Liability)
 CAS3036-0110 - Exclusion -Misdelivery
 CAS3040-0222 - Amended Exclusion - Employer's Liability
 CAS3043-0621 - Additional Policy Exclusions
 CAS3051-0110 - Exclusion-Failure to Supply
 CAS3086-1121 - Exclusion - Water Related Bodily Injury and Property Damage
 CAS3098-1120 - Exclusion - Named Insured vs. Named Insured
 CAS3103-0718 - Exclusions - Eviction and Failure to Maintain
 CAS3105-0321 - Absolute Exclusion - Motorized Vehicles
 CAS3108-0420 - Amended Exclusion - Recording and Distribution of Material or Information- General Liability
 CAS3111-1121 - Absolute Exclusion - Firearms
 CAS3124-0616 - Exclusion - Violation of Statutes That Govern E-Mails, Fax, Phone Calls or Other Methods of Sending Material or Information
 CAS3125-0623 - Exclusion - Fire or Fire-Related Injury or Damage
 CAS3140-0524 - Exclusion - Pathogen and Related Hazards
 CAS3143-0319 - Exclusion - Traffic Control
 CAS3173-1220 - Exclusion - Human Trafficking
 CAS3181-0621 - Absolute Exclusion - Injury To Independent Contractors Or Subcontractors
 CAS3187-0921 - Absolute Exclusion - All Construction And Land Preparation
 CAS3199-0324 - Absolute Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)
 CAS3201-0322 - Exclusion - Assault, Battery, Abuse, Or Molestation
 CAS5010-0420 - Additional Insured as Required by Written Contract
 CAS5016-0420 - Additional Insured As Required By Written Contract - Mortgagee, Assignee, or Receiver

CAS5017-0420 - Additional Insured As Required By Written Contract - Managers or Lessors of Premises
CAS5018-0420 - Additional Insured- State or Governmental Agency or Subdivision or Political Subdivision Permits - Blanket
ADF9010-0321 - Notice of Terrorism Insurance Coverage
IL0021-0908 - Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL0985-1220 - Disclosure Pursuant to Terrorism Risk Insurance Act
ADF9003-0723 - Texas Notice
ADF9004-0110 - Signature Endorsement
ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT

Attached To and Forming Part of Policy 0100318728-0	Effective Date of Endorsement 08/16/2024 12:01AM at the Named Insured address shown on the Declarations	Named Insured JRT Delivery Systems LLC
Additional Premium: \$0		Return Premium: \$0

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE

- A. **SECTION II - WHO IS AN INSURED** is amended to include any person or organization you are required to include as an Additional Insured on this Policy by written contract in effect during the policy period and executed prior to the "occurrence" of the "bodily injury" or "property damage", but only for the vicarious liability imposed on the Additional Insured provided that such liability is caused by the sole negligent conduct of the Named Insured and is proximately caused by "your work" or "your product" for the Additional Insured.

However:

1. The insurance afforded to such Additional Insured only applies to the extent permitted by law; and
 2. Will not be broader than that which you are required by the written contract to provide for such Additional Insured.
- B. The insurance provided to the Additional Insured under this endorsement is limited as follows:
1. This insurance does not apply to "bodily injury" or "property damage" arising out of "your work" or "your product" included in the "products-completed operations hazard" unless you are required to provide such coverage by written contract. If such insurance is required by written contract, the insurance provided to the Additional Insured is limited to the alleged or actual vicarious liability imposed on the Additional Insured as a result of the alleged or actual negligent conduct of the Named Insured as a result of liability solely caused by "your work" or "your product" for the Additional Insured.
 2. Any insurance provided by this endorsement to an Additional Insured shall be excess with respect to any other valid and collectible insurance available to the Additional Insured unless the written contract specifically requires that this insurance apply on a primary and non-contributory basis, in which case this insurance shall be primary and non-contributory.
 3. Where there is no duty to defend the Named Insured, there is no duty to defend the Additional Insured.
Where there is no duty to indemnify the Named Insured, there is no duty to indemnify the Additional Insured
 4. This insurance does not apply to "bodily injury" or "property damage," arising out of the sole negligence of the Additional Insured or any employees of the Additional Insured.

- C. With respect to the insurance afforded to the Additional Insured, the following is added to **SECTION III – LIMITS OF INSURANCE**:

The most we will pay on behalf of the Additional Insured is the amount of insurance:

1. Required by the written contract; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

D. Duties of the Additional Insured in the event of "occurrence", claim, or "suit":

1. The Additional Insured must promptly give notice of an "occurrence", a claim which is made, or a "suit" to any other insurer which has insurance for a loss to which this insurance may apply.
2. The Additional Insured must promptly tender the defense of any claim made or "suit" to any other insurer which also issued insurance to the Additional Insured as a Named Insured or to which the Additional Insured may qualify as an Additional Insured for a loss to which this insurance may apply.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US-BLANKET

<i>Attached To and Forming Part of Policy</i> 0100318728-0	<i>Effective Date of Endorsement</i> 08/16/2024 12:01AM at the Named Insured address shown on the Declarations	<i>Named Insured</i> JRT Delivery Systems LLC
<i>Additional Premium:</i> \$0	<i>Return Premium:</i> \$0	

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE**

SECTION IV – CONDITIONS, 8. Transfer of Rights of Recovery against Others to Us is amended by the addition of the following:

We waive any right of recovery we may have against persons or organizations because of payments we make for injury or damage arising out of “your work” done under a written contract with that person or organization wherein you have agreed to provide this waiver.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. () Specific Waiver

Name of person or organization

(X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: ALL TEXAS OPERATIONS

3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 6/4/24 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001212807 of Texas Mutual Insurance Company effective on 6/4/24

Issued to: JRT DELIVERY SYSTEMS LLC

DBA: ZIP DELIVERY

This is not a bill

NCCI Carrier Code: 29939



Authorized representative

5/14/24