

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2023

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 Forerunner Insurance Group					CONTACT Customer Service PHONE (A/C, No, Ext): 407-675-3857 FAX (A/C, No):						
4450 W. Eau Gallie Blvd. Suite 115					E-MAIL ADDRESS: info@forerunnerinsurance.com						
Melbourne FL 32934					INSURER(S) AFFORDING COVERAGE				NAIC#		
					INSURER A: Canal Insurance Company					10464	
INSURED GOTHEDI-01					INSURER B : Great American Insurance Company						
Go The Distance Transports LLC 13786 Tangerine Blvd					INSURER C:						
West Palm Beach FL 33412					INSURER D:						
					INSURER E :						
					INSURER F:						
COVERAGES CER			TIFICATE NUMBER: 1224554314			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 TYPE OF INSURANCE ADDL. SUBR POLICY EFF POLICY EXP POLICY EXP											
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC								\$		
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			CT190244001		10/31/2023	10/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000	
	ANY AUTO							` ' '	\$		
	OWNED X SCHEDULED AUTOS ONLY HIRED NON-OWNED							·	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
			-					PIP	\$ 10,00	00	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
	CLAINIO-IVIABLE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A B	Physical Damage			CT190244001		10/31/2023	10/31/2024	Comp Ded - 1,000	Coll E	Ded - 1,000	
В	Motor Truck Cargo			IMPE61836703		10/31/2023	10/31/2024	Limit - 250,000	Ded -	- 2,500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2007 Peterbilt 379 / VIN# 1NP5D49X17N745654 (\$32,000) 2014 Cottrell Trailer / VIN# 5E0AA1440EG517706 (\$40,000)											
CERTIFICATE HOLDER						CANCELLATION					
Department of Highway Safety and Motor Services 2900 Apalachee Pkway Tallahassee FL 32399						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					
United States					Jadas Shacin						