



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/10/2024

**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).**

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| <b>PRODUCER</b><br>Burrowes Insurance<br>9200 BELVEDERE RD,208, W PALM BEACH, FL 33411 | <b>CONTACT</b><br>NAME: Progressive Commercial Lines Customer and Agent Servicing<br>PHONE (A/C, No, Ext): 1-800-444-4487      FAX (A/C, No):<br>E-MAIL ADDRESS: progressivecommercial@email.progressive.com |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| INSURER A : United Financial Casualty Company  |  |
| NAIC # 11770   |  |
| <b>INSURED</b>   |  |
| TMB TRANSPORTATION LLC<br>1700 MARKET ST SUITE 1005<br>PHILADELPHIA, PA 19103          |  |
| INSURER B :  |  |
| INSURER C :  |  |
| INSURER D :  |  |
| INSURER E :  |  |
| INSURER F :  |  |

**COVERAGES      CERTIFICATE NUMBER:** 126269816870298339D061024T142830      **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   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY     | N         | N        | 975462552     | 12/06/2023              | 12/06/2024              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                           |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                    | N         | A        |               |                         |                         | <input type="checkbox"/> REF STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| A        | See ACORD 101 for additional coverage details.   | N         | N        | 975462552     | 12/06/2023              | 12/06/2024              | \$   |

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

**CERTIFICATE HOLDER      CANCELLATION**

|  |  |
|--|--|
| Transport Masters USA LLC<br>4119 N State Road 7<br>Lauderdale Lakes, FL 33319 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><div style="text-align: center;"> <br/> <i>Mark P. [unclear]</i> </div> |
|--|--|

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

|   |                           |   |  |
|---|---------------------------|---|--|
| <b>AGENCY</b><br>Burrowes Insurance                 |                           | <b>NAMED INSURED</b><br>TMB TRANSPORTATION LLC<br>1700 MARKET ST SUITE 1005<br>PHILADELPHIA, PA 19103 |  |
| <b>POLICY NUMBER</b><br>975462552                   |                           |   |  |
| <b>CARRIER</b><br>United Financial Casualty Company | <b>NAIC CODE</b><br>11770 | <b>EFFECTIVE DATE:</b> 12/06/2023   |  |

### 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/\$1,000 Ded |
| Medical Expense       | \$5,000 w/Workers Comp  |

### Description of Location/Vehicles/Special Items

| Scheduled autos only                             |                    |
|--|--------------------|
| 2019 RAM 1500 CLASSIC 1C6RR7LT2KS702766          |                    |
| Roadside Assistance                              | Selected w/\$0 Ded |
| 2023 NOVEA / SURE-TRAC Trailer 5JWCF2024PP529715 |                    |

Liability coverage may not apply to all scheduled vehicles.