



# Proof of Insurance



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/10/2023

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).

<b>PRODUCER</b> 1011 Insurance 2500 East Hallandale Beach Blvd, Suite T  Hallandale Beach FL 33039		<b>CONTACT NAME:</b> Hermann Lange <b>PHONE (A/C, No, Ext):</b> (954) 526-1345 <b>FAX (A/C, No):</b> (954) 908-2679 <b>E-MAIL ADDRESS:</b> 1011insurance@univistainsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> GRANADA	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			0185FL00134117 - 2	12/30/2022	12/30/2023	EACH OCCURRENCE \$ 1,000,000.00
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00				
			MED EXP (Any one person) \$ 5,000.00				
			PERSONAL & ADV INJURY \$ 1,000,000.00				
							GENERAL AGGREGATE \$ 2,000,000.00
							PRODUCTS - COMP/OP AGG \$ 2,000,000.00
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The Certificate Holder is an Additional Insured with respects to General Liability. A Waiver of Subrogation on benefit to the Certificate Holder applies on the General Liability.

Additional Insured(s) :Jarvi Corporation and Associates

**CERTIFICATE HOLDER****CANCELLATION**

Jarvi Corporation and Associates  2760 NW 55th Court Fort Lauderdale FL 33311	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> BELKIS MEZA-AMAYA
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Named insured

D & G Towing and Recovery LLC  
2760 NW 55TH COURT  
FORT LAUDERDALE, FL 33309

**Policy number: 969700679**

Underwritten by:  
Progressive Express Ins Company  
June 13, 2023  
Policy Period: May 12, 2023 - May 12, 2024  
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**progressivecommercial.com**  
**Online Service**

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

**1-800-895-2886**

For customer service and claims service,  
24 hours a day, 7 days a week.

## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

### Your policy information has changed

Your coverage began the later of May 12, 2023 at 12:01 a.m. or the effective time shown on your application. This policy period ends on May 12, 2024 at 12:01 a.m.

This coverage summary replaces your prior one. 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 2852FL (02/19), 1652FL (02/19), Z438 (02/19), 4852FL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

### Policy changes effective June 12, 2023

Changes processed on:	June 12, 2023 7:45 a.m.
Premium change:	\$4,083.00

The changes shown above will not be effective prior to the time the changes were requested.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$68,708
Bodily Injury Liability	\$10,000 per person/\$20,000 each accident		
Property Damage Liability	\$10,000 each accident		
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		9,252
Basic Personal Injury Protection			5,184
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		--
On-Hook Legal Liability			4,536
See Auto Coverage Schedule			
Comprehensive			11,484
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			22,782
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$121,946</b>

### Rated drivers

1. garfield o gayle
2. Davion B Silvera

3. HOSEIN L CLARKE  
4. edmond tchally

### Auto coverage schedule

1. **2024 HINO 258/268** Stated Amount: \* \$100,000 (including Permanently Attached Equip)  
VIN: **5PVNJ7BT7R5T50034** Garaging Zip Code: 33309 Radius: 50 miles  
Personal use: N Body type: Car Carrier

Liability Premium	Liability Premium	UM Premium	PIP Premium					
	\$11791	\$1542	\$856					
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$50,000	\$1,000	\$780	\$2,500	\$1887	\$2,500	\$4207	<b>\$21,063</b>

2. **2020 RAM 4500** Stated Amount: \* \$60,000 (including Permanently Attached Equip)  
VIN: **3C7WRKAL7LG168841** Garaging Zip Code: 33309 Radius: 50 miles  
Personal use: N Body type: Tow Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium					
	\$8178	\$1542	\$878					
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$50,000	\$1,000	\$600	\$2,500	\$1165	\$2,500	\$2268	<b>\$14,631</b>

3. **2022 INTERNATIONAL MV607** Stated Amount: \* \$90,000 (including Permanently Attached Equip)  
VIN: **1HTEUMML0NH326902** Garaging Zip Code: 33309 Radius: 100 miles  
Personal use: N Body type: Car Carrier

Liability Premium	Liability Premium	UM Premium	PIP Premium					
	\$12185	\$1542	\$862					
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$50,000	\$1,000	\$780	\$2,500	\$2121	\$2,500	\$4110	<b>\$21,600</b>

4. **2021 INTERNATIONAL MV607** Stated Amount: \* \$85,000 (including Permanently Attached Equip)  
VIN: **3HAEUMML9ML224328** Garaging Zip Code: 33309 Radius: 100 miles  
Personal use: N Body type: Car Carrier

Liability Premium	Liability Premium	UM Premium	PIP Premium					
	\$11766	\$1542	\$879					
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$50,000	\$1,000	\$780	\$2,500	\$2038	\$2,500	\$3779	<b>\$20,784</b>

5. **2022 RAM 5500** Stated Amount: \* \$70,000 (including Permanently Attached Equip)  
VIN: **3C7WRMDL5NG120961** Garaging Zip Code: 33309 Radius: 100 miles  
Personal use: N Body type: Car Carrier

Liability Premium	Liability Premium	UM Premium	PIP Premium					
	\$12185	\$1542	\$862					
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$50,000	\$1,000	\$780	\$2,500	\$1946	\$2,500	\$3565	<b>\$20,880</b>

6. **2023 PETERBILT 536** Stated Amount: \* \$110,000 (including Permanently Attached Equip)  
VIN: **2NPKHM6X8PM825609** Garaging Zip Code: 33309 Radius: 100 miles  
Personal use: N Body type: Car Carrier

Liability Premium	Liability Premium	UM Premium	PIP Premium					
	\$12603	\$1542	\$847					
Physical Damage Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$50,000	\$500	\$816	\$2,500	\$2327	\$2,500	\$4853	<b>\$22,988</b>

\*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	
969700679	CDL Experience
Vehicle	
2024 HINO 258/268	Anti-Lock Brakes and Anti-Theft Device Recovery
2020 RAM 4500	Anti-Lock Brakes, Airbag and Anti-Theft Device Recovery
2022 INTERNATIONAL MV607	Anti-Lock Brakes, Airbag and Anti-Theft Device Recovery
2021 INTERNATIONAL MV607	Anti-Lock Brakes and Anti-Theft Device Recovery
2022 RAM 5500	Anti-Lock Brakes, Airbag and Anti-Theft Device Recovery
2023 PETERBILT 536	Anti-Lock Brakes, Airbag and Anti-Theft Device Recovery

### Loss Payee information

1. Loss Payee	Auto 1
	TICF Toyota Industries Commerical Finance PO Box 9050 Dallas, TX 75019 2024 HINO 258/268 (5PVNJ7BT7R5T50034)

### Agent signature

*Mark Pank*

**Company officers**



Secretary