



CONDFRE-01

KIRCH1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2015

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 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 TXR-Associated Acceptance Inc db In CA as Rush Truck Insurance Services 1020 NE Loop 410 Ste 300 San Antonio, TX 78209	CONTACT NAME: PHONE (A/C, No, Ext): (210) 901-5500 FAX (A/C, No): E-MAIL: ADDRESS:
INSURED Condesa Freight International LLC 2405 South IH-35 New Braunfels, TX 78130	INSURER(S) AFFORDING COVERAGE INSURER A : State National Insurance Company, Inc 12831 INSURER B : Pennsylvania Manufacturers Assoc Ins Co 12262 INSURER C : Underwriters at Lloyd's, London 15792 INSURER D : INSURER E : INSURER F :

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS Um 85,000 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP 25,000			MAT-0003400-30378	04/05/2015	04/05/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Motor Truck Cargo			811501-0300947Y	04/05/2015	04/05/2016	\$1,000 Ded 100,000
C	Commercial Physical			TBD	04/05/2015	04/05/2016	\$1,000 Ded Comp/Coll

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

As scheduled on file with company.

1FUJA6CK85LN61076, 2005, Freightliner, Tractor, TX, ACV: 19000;
1FUJBBCGX6LU70670, 2006, Freightliner, Tractor, TX, ACV: 25000;
1FUJBBCX67LX39544, 2007, Freightliner, Tractor, TX, ACV: 15500;
1FUJA6CKX6LV85963, 2006, Freightliner, Tractor, TX, ACV: 17000;
1FUJA6CK66PV70773, 2006, Freightliner, Tractor, TX, ACV: 15000;
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

For Insurance Verification Use Only
j.hamdan@condesafi.com

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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY TXR-Associated Acceptance Inc db In CA as Rush Truck Insurance Services		NAMED INSURED Condesa Freight International LLC 2405 South IH-35 New Braunfels, TX 78130
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:

3AEVS5320XM016092, 1999, RAMIREZ, Trailer, TX, ACV: 5000;
3AEVS5324XM016080, 1999, RAMIREZ, Trailer, TX, ACV: 5000;
3AEVS5329XM015944, 1999, RAMIREZ, Trailer, TX, ACV: 5000;
3AEVS5321XM015453, 1999, RAMIREZ, Trailer, TX, ACV: 5000;
1FUJBBCK17LX43663, 2007, Freightliner, Tractor, TX, ACV: 23000;