

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/07/2023

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

th	is certificate does not confer rights to			cate holder in lieu of such	• •	•	may require	an endorsement. A state	cilicili (J11	
PRO	DUCER				CONTACT LYNN RITA						
FCM Enterprises, LLC dba Crossroads Insurance Serv						PHONE (A/C, No, Ext): (702) 987-1170 FAX (A/C, No): (702) 987-1150					
245	1 W. Horizon Ridge Parkway				(A/C, NO, EXT): (A/C, NO). E-MAIL lynn@crossroads-ins.com ADDRESS:						
Suite 120						INSURER(S) AFFORDING COVERAGE NAIC #					
Henderson NV 89052						INSURER A: Progressive County Mutual				29203	
INSURED						INSURER B:					
Texas Shuttle LLC, DBA: Texas Shuttle						INSURER C :					
213 Private Road						INSURER D :					
						INSURER E :					
Hawkins TX 75765											
COVERAGES CERTIFICATE NUMBER: CL23870229					INSURER F :						
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											
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL THE TERMS	,		
	KCLUSIONS AND CONDITIONS OF SUCH PO	ADDL	SUBR		POLICY EFF POLICY EXP						
INSR LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
								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							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							OOMBINED OINIOLE LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,50	0,000	
	ANY AUTO		ı İ					BODILY INJURY (Per person)	\$		
Α	OWNED AUTOS ONLY SCHEDULED AUTOS	Y		03933353		08/05/2023	08/05/2024	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	", "						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
			L								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)				
Cer	ificate Holder is listed as an Additional Insur	ed									
201	4 Mercedes WDZPE8DCXE5830997 / 2013	Merc	edes '	WD7PE8CC7D5787402 / 201	15 Ford	1FR7X27M0Fk	(Δ53724 / 201	3 Ford 1FDGE5GY8DER152	200		
	15 Mercedes WDZPE8DC3F5978586	WICTO	cucs	VVD21	10 1 014	II BEXEZIVIOI I	(1007247201	010101110010010020102	.00		
CEF	RTIFICATE HOLDER			CANCELLATION							
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
								F, NOTICE WILL BE DELIVER	ED IN		
City of Dallas						ACCORDANCE WITH THE POLICY PROVISIONS.					
	1500 Marilla St		AUTHO	AUTHORIZED REPRESENTATIVE							
						Lynn F. Kita					
Dallas				TX 75201	May 1. Mix						