



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/27/2026

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 McGriff, A Marsh & McLennan Agency LLC Company 999 S. Shady Grove Rd Memphis, TN 38120 www.mcgriff.com	CONTACT NAME: Stephanie Lee PHONE (A/C. No. Ext): 615.786.1608 E-MAIL ADDRESS: stephanie.lee@marshmma.com	FAX (A/C. No): 601.326.4755
	INSURER(S) AFFORDING COVERAGE	
INSURED Majewski Transportation, LLC 14700 North Freeway Houston TX 77090	INSURER A: National Union Fire Ins Co Pittsburgh PA NAIC # 19445	
	INSURER B: Insurance Company of the State of PA 19429	
	INSURER C: SiriusPoint Specialty Insurance Corp 16820	
	INSURER D: Allied World Surplus Lines Insurance Co 24319	
	INSURER E: Travelers Property Casualty Co of Amer 25674	
	INSURER F: RSUI Indemnity Company 22314	

COVERAGES

CERTIFICATE NUMBER: 89930429

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"/> COMMERCIAL GENERAL LIABILITY <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:			017063040	4/1/2026	4/1/2027	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			017063038	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
F	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NHA612037 General Liability only	4/1/2026	4/1/2027	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	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	N/A	017063039	4/1/2026	4/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Trailer Interchange			03100755	4/1/2026	4/1/2027	\$50,000 Limit, \$1,000 Ded.
E	Motor Truck Cargo			QT-630-4W728912-TIL-26	4/1/2026	4/1/2027	\$1,000,000 limit w/ \$50,000 ded
E	Contingent Cargo			QT-630-4W728912-TIL-26	4/1/2026	4/1/2027	\$1,000,000 limit w/ \$50,000 ded.
C	Environmental/Pollution			PLL P S0001896 05	4/1/2026	4/1/2027	\$2,000,000 limit/ \$10,000 ded

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

Company G: RSUI Indemnity Company Policy #NHA605871 - Excess General Liability Limit \$5,000,000
 2022 International 3HSDZAPR2NN605399 is a covered unit.
 --See Attached Remarks Schedule--

CERTIFICATE HOLDER

Proof of Insurance
 Majewski Transportation, LLC
 14700 North Freeway
 Houston TX 77090

CANCELLATION

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

Natalie Mc Culley

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ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

AGENCY McGriff, a Marsh & McLennan Agency LLC Company		NAMED INSURED Majewski Transportation, LLC 14700 North Freeway Houston TX 77090	
POLICY NUMBER See corresponding Certificate Number: 89930429		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** ACORD 25 (03/16)

HOLDER: Proof of Insurance Majewski Transportation, LLC

ADDRESS: 14700 North Freeway Houston TX 77090

General Liability & Auto Liability policies contain Blanket Additional Insured Endorsement and policy inclusion, where required under written contract and Auto & General Liability & Workers Compensation contain a blanket Waiver of Subrogation for any organization as required by written contract, provided the written contract is fully executed prior to an "occurrence" in which coverage is sought under this policy.