



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2023

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).

PRODUCER Brown & Brown Inc. 80 South 8th Street Suite 700 Minneapolis, MN 55402	1-612-333-3323	CONTACT NAME: Maikou Lor or Kathy Beatty PHONE (A/C, No. Ext): (612) 333-3323 E-MAIL ADDRESS: maikou.lor@bbrown.com	FAX (A/C, No): (612) 373-7270
INSURED Fiasco Enterprises, LLC., DBA: Energy Transport Logistics 1411 South 47th Avenue, Suite 140 Phoenix, AZ 85043		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ATEGRITY SPECIALTY INS CO	NAIC # 16427
		INSURER B: CANAL INS CO	10464
		INSURER C: UNDERWRITERS AT LLOYDS LONDON	15792
		INSURER D: TRAVELERS PROP CAS CO OF AMER	25674
		INSURER E: ALLIED WORLD SURPLUS LINES INS CO	24319
		INSURER F: SCOTTSDALE IND CO	15580

COVERAGES

CERTIFICATE NUMBER: 68532649

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:			01TGLP00000134	06/22/22	06/22/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			I3177530014	05/01/23	05/01/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SCT1186322	06/22/22	06/22/23	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	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	6JUB5R87288 (AZ) SEE ATTACHED-MORE WC	05/08/22 05/08/22	05/08/23 05/08/23	<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	MOTOR TRUCK CARGO			QT6304S066881TIL22	06/22/22	06/22/23	PER VEHICLE 300K/2,500
E	PHYSICAL DAMAGE			03136519	12/15/22	12/15/23	VEHICLES ON FILE STATED VALUE
F	EXCESS 2ND LAYER			XLI0005330	06/22/22	06/22/23	OCC/AGG 2,000,000

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

Evidence of Insurance.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	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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ACORD 25 (2016/03)

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KBeatty
68532649

SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
04/24/2023

NAME OF INSURED: Fiasco Enterprises, LLC.,
DBA: Energy Transport Logistics

COVERAGE: WORKERS COMPENSATION

INSURER: FALLS LAKE FIRE AND CAS CO -- NAIC# 15884

X PER STATUTORY / E.L. LIMITS - \$1,000,000

EFF AND EXP DATES: 09/03/22 - 09/03/23

POLICY#: FLA00116506 (CA)

INSURER: TEXAS MUTUAL INS CO -- NAIC# 22945

X PER STATUTORY / E.L. LIMITS - \$1,000,000

EFF AND EXP DATES: 05/08/22 - 05/08/23

POLICY#: 0001302282 (TX)

INSURER: LM INS CORP -- NAIC# 33600

X PER STATUTORY / E.L. LIMITS - \$1,000,000

EFF AND EXP DATES: 08/17/22 - 08/17/23

POLICY#: WC539S726080012 (IN)

INSURER: LM INS CORP -- NAIC# 33600

X PER STATUTORY / E.L. LIMITS - \$1,000,000

EFF AND EXP DATES: 09/15/22 - 09/15/23

POLICY#: WC533SB22S7C012 (NV)

INSURER: COMPSOURCE MUTUAL INS CO -- NAIC# 36188

X PER STATUTORY / E.L. LIMITS - \$1,000,000

EFF AND EXP DATES: 12/06/22 - 05/08/23

POLICY#: 03509209221 (OK)