

Named insured

Alabama Transport Services LLC
600 BOULEVARD SOUTH SW STE 104
HUNTSVILLE, AL 35802

Policy number: 871747365

Underwritten by:
Progressive Specialty Insurance Co
April 13, 2026
Policy Period: Mar 26, 2026 - Mar 26, 2027
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Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began the later of March 26, 2026 at 12:01 a.m. or the effective time shown on your application. This policy period ends on March 26, 2027 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 2852AL (02/19), 4757AL (02/19), Z433 (04/08), 2371 (06/10), Z434 (02/19), A439 (01/25), 1890 (02/19), 1891 (02/19), MC1632 (06/04), MCS90 (99/99), 1198 (07/16), 2366 (02/11), 2367 (06/10), Z311 (02/19), 4852AL (10/04), 4881AL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective April 13, 2026

Changes processed on:	April 10, 2026 5:12 p.m.
Premium change:	\$20.00
Changes:	Enterprise Holdings, Inc., its subsidiary and affiliated com has been added as an additional insured.

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

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$14,181
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Hired Auto Liability To Others			199
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Employer Non-Owned Auto Liability To Others			107
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	\$25,000 each person/\$50,000 each accident		550
Medical Payments	\$5,000 each person		219
Comprehensive			469
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,539
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			70
See Auto Coverage Schedule			
Subtotal policy premium			\$18,334

Commercial General Liability coverage part

Description	Limits	Premium
Limited General Liability - Trucking Operations	\$1,000,000/\$2,000,000	\$629
Each Occurrence	\$1,000,000	
General Aggregate	\$2,000,000	
Products/Completed Operations Aggregate	\$2,000,000	included
Personal and Advertising Injury	\$1,000,000/any one person or organization	included
Damage to Premises Rented to You	\$100,000/any one premises	included
Medical Expense	\$5,000/any one person	included
Subtotal policy premium		\$629

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$1,000	\$915
Subtotal policy premium			\$915
Federal Filing Fee			35
State Filing Fee			35
Additional Insured Fee			20
Blanket Waiver of Subrogation Fee			75
Blanket Additional Insured Fee			75
Total 12 month policy premium and fees			\$20,118

Number of Employees: (0-10)

Cost of Renting, Hiring, or Borrowing: \$5,000 or less (if any)

Rated drivers

1. Jason Hopkins
2. Terrance Moore

Rated commodities

1. OTHER CONSUMER GOODS

Auto coverage schedule

1. **2019 FORD TRANSIT** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: **1FTYE2CMXKKB51532** Garaging Zip Code: 35810 Radius: 500 miles
 Personal use: N Body type: Cargo Van

Liability Premium	Liability Premium \$14181	UM/UIM Premium \$550	Med Pay Premium \$219		
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$469	Collision Deductible \$1,000	Collision Premium \$2539	
Other Coverages Premium	Rental Limit \$50 per day Max \$1,500	Rental Premium \$70			Auto Total \$18,028

Premium discount

Policy 871747365	Electronic Funds Transfer
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Loss Payee information

1. Loss Payee Auto 1 Redstone Federal Credit Union
 220 Wynn Dr
 Huntsville, AL 35893
 2019 FORD TRANSIT (1FTYE2CMXKKB51532)

Additional Insured information

Blanket Additional Insured applies.

1. Additional Insured Enterprise Holdings, Inc., its subsidiary and affiliated com
 2271 Valleydale Rd
 Suite 100
 Birmingham, AL 35244

Waiver of Subrogation information

Blanket Waiver of Subrogation applies.

Company officers


 Secretary