



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2025

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 ROBERT L KELLY GENER 108 EAST WASHINGTON, SYRACUSE, NY 13202	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
E-MAIL ADDRESS: progressivecommercial@email.progressive.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Progressive Northwestern Insurance Company		42919
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		


INSURED
Instant Movers LLC
900 E Fayette St
Syracuse, NY 13210

COVERAGES CERTIFICATE NUMBER: 917773159758705783D031225T153752 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.

INSTR	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 <input type="checkbox"/> 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"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	994434014	03/12/2025	03/12/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$100,000 BODILY INJURY (Per accident) \$300,000 PROPERTY DAMAGE (Per accident) \$50,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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		N/A				PER-STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	994434014	03/12/2025	03/12/2026	\$

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

CERTIFICATE HOLDER NYS Department of Transportation 50 Wolf Road Albany, NY 12232	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 

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY ROBERT L KELLY GENER		NAMED INSURED Instant Movers LLC 900 E Fayette St Syracuse, NY 13210	
POLICY NUMBER 994434014		EFFECTIVE DATE: 03/12/2025	
CARRIER Progressive Northwestern Insurance Company	NAIC CODE 42919		

ADDITIONAL REMARKS

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

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	\$50,000 w/o Workers Comp
Uninsured Motorist	\$25,000 each person/\$50,000 each accident
Additional Personal Injury Protection	Out-of-State PIP (Guest PIP)

Description of Location/Vehicles/Special Items

Scheduled autos only	
2020 NISSAN NV200 3N6CM0KNXLK707255	
Comprehensive	\$1,000 Ded
Collision	\$2,500 Ded
Roadside Assistance	Selected w/\$0 Ded
Medical Payments	\$5,000 each person

NEW YORK STATE INSURANCE IDENTIFICATION CARD

PROGRESSIVE®

611 Progressive Northwestern Ins Co
Name & Address of Issuer Progressive Northwestern Ins Co
6300 Wilson Mills Road
Mayfield Village, Ohio 44143

Policy Number
994434014
Effective Date Expiration Date
03/12/2025 03/12/2026
12:01 a.m. 12:01 a.m.
(Not acceptable to obtain registration after
45 days from effective date.) Applicable
with respect to the following Motor Vehicle:
2020 NISSAN
Year Make
3N6CM0KNXK707255
Vehicle Identification Number

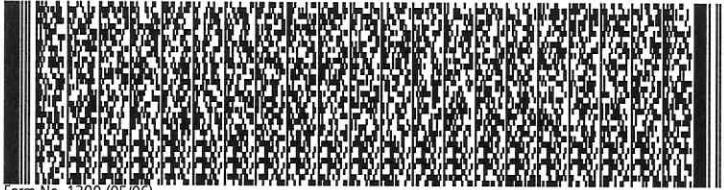
Your Agent: ROBERT L KELLY GENER
1-315-425-8101

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

Instant;Movers;LLC
900 E Fayette St
Syracuse NY 13210

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.



Form No. 1390 (05/06)

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-20

NEW YORK STATE INSURANCE IDENTIFICATION CARD

PROGRESSIVE®

611 Progressive Northwestern Ins Co
Name & Address of Issuer Progressive Northwestern Ins Co
6300 Wilson Mills Road
Mayfield Village, Ohio 44143

Policy Number
994434014
Effective Date Expiration Date
03/12/2025 03/12/2026
12:01 a.m. 12:01 a.m.
(Not acceptable to obtain registration after
45 days from effective date.) Applicable
with respect to the following Motor Vehicle:
2020 NISSAN
Year Make
3N6CM0KNXK707255
Vehicle Identification Number

Your Agent: ROBERT L KELLY GENER
1-315-425-8101

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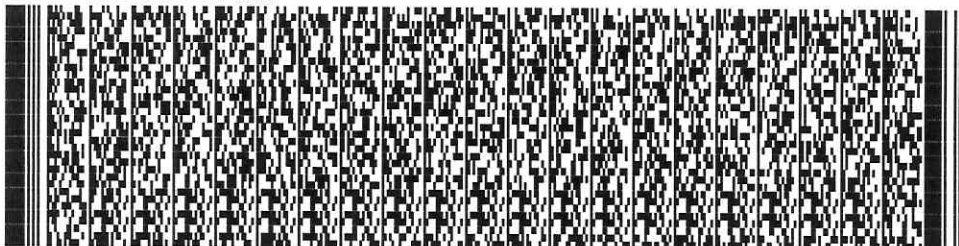
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FS-20

FAX: Scanable Bar Code



FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained.
3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scanable barcode.