

CWILLENBRING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/22/2024

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).

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PRODUCER	CONTACT NAME:				
Transportation Insurance Advisors 1485 International Parkway, Suite 1031	PHONE (A/C, No, Ext): (407) 965-3609 FAX (A/C, No): (407)	322-6749			
Lake Mary, FL 32746	E-MAIL ADDRESS: TIA.COI@AssuredPartners.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Penn-Star Insurance Co	10673			
INSURED	INSURER B: Cherokee Insurance Company	10642			
Fanton Logistics Inc	INSURER C: Crum & Forster Specialty Insurance Company	44520			
10801 Broadway Ave	INSURER D : AGCS Marine Insurance Co.	22837			
Cleveland, OH 44125	INSURER E : Evanston Insurance Co	35378			
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 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.

CLU	ISIONS AND CONDITIONS OF								
	TYPE OF INSURANCE	ADI INS	D SUB	POLICY NUMBER			LIMIT	s	
Х	COMMERCIAL GENERAL LIABILITY				ļ <u>-</u>	· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUP			PAV0439578	10/2/2023	10/2/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN	N'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$	2,000,000
X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	Included
	OTHER:							\$	
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	3,000,000
	ANY AUTO			CA230149	10/2/2023	10/2/2024	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X SCHEDULE AUTOS	D						\$	
X	HIRED X NON-OWNI AUTOS ON	D Y					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB X OCCUP						EACH OCCURRENCE	\$	1,000,000
X	EXCESS LIAB CLAIMS	-MADE		SEO-123875	5/31/2023	5/31/2024	AGGREGATE	\$	1,000,000
	DED RETENTION \$							\$	
WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
			Δ				E.L. EACH ACCIDENT	\$	
(Mar	idatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
								\$	
Mot	or Truck Cargo			MZI93082244	5/3/2024	5/3/2025	Deduct \$2,500 Limit		250,000
Exc	ess Gen Liability			EZXS3130306	10/2/2023	10/2/2024	Occ \$1,000,000 Agg		1,000,000
	X GEN X AUT AUT ANY OFFI (Man DES) Mot	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED ONLY X AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Motor Truck Cargo	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Motor Truck Cargo	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR PAV0439578 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS X HIRED AUTOS ONLY X AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Motor Truck Cargo MZI93082244	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR NWD POLICY NUMBER POLICY FFF (MM/IDD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR PAV0439578 10/2/2023 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY AUTOS X HIRED AUTOS ONLY AUTOS X HIRED AUTOS ONLY AUTOS WORKERS COMPENSATION SELECTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY AUTOS ONLY AUTOS WORKERS COMPENSATION SELECTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Motor Truck Cargo MZI93082244 5/3/2024	TYPE OF INSURANCE INSU MVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR PAV0439578 10/2/2023 10/2/2024 10/2/2023 10/2/2024 PAV0439578 10/2/2023 10/2/2024 CA230149 10/2/2023 5/31/2024 CA230149 CA230149 5/31/2023 5/31/2024 CA230149 CA230149 10/2/2023 10/2/2024 CA230149 10/2/2023 10/2/2024 CA230149 10/2/2023 10/2/2024 CA230149 10/2/2023 10/2/2024 CA230149 INNA CA230149 INNA CA230149 INNA CA230149 INNA CA230149 INNA CA230149 INNA INNA CA230149 INNA INNA INNA INNA CA230149 INNA INNA	TYPE OF INSURANCE ADDL SUBR POLICY NUMBER (MM/DDYYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR PAV0439578 PAV0439578 10/2/2023 10/2/2024 EACH OCCURENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE LIMIT APPLIES PER: X POLICY PER PRODUCTS - COMP/OP AGG OTHER: CA230149 10/2/2023 10/2/2024 EACH OCCURENCE PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE PER GENERAL LIABILITY ANY AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR X EACH OCCURRENCE AGGREGATE EACH OCCURRENCE AGGREGATE EACH OCCURRENCE AGGREGATE EACH OCCURRENCE AGGREGATE EL EACH ACCIDENT (MM/DDYYYY) (MM/DDYYYY) DAMAGE TO RENTED PER MISS (Ea OCCURRENCE) ADDILY INJURY (Per person) BODILY INJURY (Per accident) PER AGGREGATE EACH OCCURRENCE AGGREGATE EL EACH ACCIDENT EL DISEASE - FOLICY LIMIT OFFICER/MEMBER EXCLUDED? (MAND ADDIT IN NH) If yes, describe under EL DISEASE - POLICY LIMIT Motor Truck Cargo MZI93082244 5/3/2024 5/3/2025 Deduct \$2,500 Limit	TYPE OF INSURANCE ADDI. SUBR. NSD WYD POLICY NUMBER (MM/DDYYYY) ANDOLYSEY (MM/DDYYYY) ADDI. SUBR. NSD WYD POLICY EFF. (MM/DDYYYY) ANDOLYSEY (ANDOLYSEY (MM/DDYYYY) ANDOLYSEY (ANDOLYSE) ANDOLYSEY (ANDOLYSEY (MM/DDYYYY) ANDOLYSEY (ANDOLYSE) BODILY INJURY (Per eccident) ANDOLYSEY (ANDOLYSE) BODILY INJURY (Per eccident) ANDOLYSEY (ANDOLYSE) BODILY INJURY (Per eccident) ANDOLYSEY (ANDOLYSE) ANDOLYSEY (ANDOLYSE) ANDOLYSEY (AND

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

CERTIFICATE HOLDER	CANCELLATION

INSURED'S COPY Send COI requests to: TIA.COI@AssuredPartners.com *For informational purposes only* 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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