

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/1/2023

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

	SUBROGATION IS WAIVED, subjecting certificate does not confer rights							require an endorsemer	it. A si	tatement on		
PRODUCER						CONTACT Missy McClamroch						
Commercial Insurance Associates, LLC						PHONE (A/C, No, Ext): 615-515-6000 (A/C, No): 615-515-6001						
	3 Powell Court, Ste 200 entwood TN 37027				E-MAIL ADDRESS: mmcclamroch@com-ins.com					0001		
					ADDICE					NAIC#		
					INSURER(S) AFFORDING COVERAGE INSURER A: Berkley National Insurance Co					38911		
INSU	JRED			CARDTRA-01						14484		
	& C Logistics, Inc.									14404		
	) Box 145 al City IL 60416				INSURER C:							
00	al City IL 00410				INSURER D:							
					INSURER E :							
CO	VERAGES CER	TIE	CATE	E NUMBER: 167686861	INSURER F :							
					/F BEE	N ISSUED TO	REVISION NUMBER:  N ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
IN	IDICATED. NOTWITHSTANDING ANY RE	EQUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
С	ERTIFICATE MAY BE ISSUED OR MAY	PER1	TAIN,	THE INSURANCE AFFORDS	ED BY	THE POLICIES	S DESCRIBE	HEREIN IS SUBJECT T	O ALL	THE TERMS,		
INSR			SUBR		BEEN REDUCED BY PAID CLAIMS.							
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$			
В	AUTOMOBILE LIABILITY	ILITY GUL001061-01		GUL001061-01		2/26/2023	2/26/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					-	E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below				550000			E.L. DISEASE - POLICY LIMIT	\$			
Α	Contingent Cargo			MIM107299750		11/1/2022	11/1/2023	Limit Per Vehicle	\$250,	000		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL				e, may be	attached if more	space is require	d)				
	tingent Auto Liability: Each Accident Lin You Need to be Listed as Certificate Ho				20							
	Tod Need to be Listed as Certificate Tie	nuci	licas	e Contact IV & C Logisticsii	10.							
CER	RTIFICATE HOLDER		CANCELLATION									
CLI	THI ICATE HOLDER			ELLATION								
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
				1	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	For Information Only - K &	CLo	aistic	cs								
P.O. Box 146												
	Coal City IL 60416				AUTHORIZED REPRESENTATIVE							



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, sthis certificate does not confer				uch endorseme	nt(s).	y require an end	orsemen	t. A sta	tement on		
PRODUCER				CONTACT Missy McClamroch							
Commercial Insurance Associated 103 Powell Court, Ste 200	es, LLC			PHONE (A/C, No, Ext): 615-515-6000 (A/C, No): 615-515-6001					-6001		
Brentwood TN 37027				E-MAIL ADDRESS: mmcclamroch@com-ins.com							
				ADDITEGO: TIME		ORDING COVERAGE			NAIC#		
				INSURER A : Berkley National Insurance Co					38911		
INSURED			CARDTRA-01	INSURER B: Hudson Excess Insurance Company					14484		
K & C Logistics, Inc.				INSURER C:							
PO Box 145 Coal City IL 60416				INSURER D :							
554, 51, 12 55 115				INSURER E :							
				INSURER F :							
COVERAGES	CERTIF	ICATE	NUMBER: 1986062756	MOOKEKY.		REVISION NU	MBER:				
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		D SUBR		POLICY E	FF POLICY EXI	Y)	LIMIT	s			
COMMERCIAL GENERAL LIABILIT	Υ					EACH OCCURREN		\$			
CLAIMS-MADE OCCU	R					DAMAGE TO RENT PREMISES (Ea occ		\$			
						MED EXP (Any one		\$			
						PERSONAL & ADV	INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PE	R:					GENERAL AGGRE	GATE	\$			
POLICY PRO- JECT LOG						PRODUCTS - COM	P/OP AGG	\$			
OTHER:								\$			
B AUTOMOBILE LIABILITY			GUL001061-01	2/26/202	23 2/26/2024	COMBINED SINGLI (Ea accident)	E LIMIT	\$ 1,000,0	000		
ANY AUTO						BODILY INJURY (P	er person)	\$			
OWNED SCHEDUL AUTOS ONLY AUTOS						BODILY INJURY (P		\$			
HIRED NON-OWN AUTOS ONLY AUTOS OF						PROPERTY DAMAG (Per accident)	GE	\$			
								\$			
UMBRELLA LIAB OCCU	R					EACH OCCURREN	CE	\$			
EXCESS LIAB CLAIM	S-MADE					AGGREGATE		\$			
DED RETENTION\$								\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	VIN					PER STATUTE	OTH- ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	Y/N N/A	<u> </u>				E.L. EACH ACCIDE	NT	\$	A-86-00-74-00-8		
(Mandatory in NH)						E.L. DISEASE - EA	EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POI	LICY LIMIT	\$			
A Contingent Cargo			MIM107299750	11/1/202	11/1/2023	Limit Per Vehicle		\$500,00	00		
DESCRIPTION OF OPERATIONS / LOCATIONS Contingent Auto Liability - Each Acc	/ VEHICLES	ACORD \$1.00	101, Additional Remarks Schedul	e, may be attached if	more space is requ	ired)					
** If You Need to be Listed as Certific				nc.							
CERTIFICATE HOLDER CANCELLATION											
For Information 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.										
P.O. Box 146		1200	İ	AUTHORIZED REPRESENTATIVE							
Coal City IL 60416				$\Omega$							