

DATE (MM/DD/YYYY) 6/28/2019

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 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).

certificate floider in fled of Such er	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): (610)687-5757	FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins (Co	26182
950 Calcon Hook Road		INSURER D:		
Suite 11		INSURER E:		
Sharon Hill PA	19079-1822	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 2019/20 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)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

ID # MC152697

CERTIFICATE HOLDER	CANCELLATION	
COI@assureassist.com Assure Assist 543 Country Club Dr. Unit B338	SHOULD ANY OF THE ABOVE DESCRII THE EXPIRATION DATE THEREOF, NOT ACCORDANCE WITH THE POLICY PRO	
Simi Valley, CA 93065	AUTHORIZED REPRESENTATIVE	Vista Dock
1	Kristen Jordan/KLJ	Miller Julian-



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COVERAGES	DEVICION NUMBER.	•
Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	-5801
PRODUCER	CONTACT Kristen Jordan	
certificate noider in fleu of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION

Becker Logistics PO Box 88126

Carol Stream, IL 60188

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

Kristen Jordan/KLJ

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CERTIFICATE USU DER



DATE (MM/DD/YYYY) 6/27/2019

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.

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certificate floider in fled of Such er	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): (610)687-5757	FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins (Co	26182
950 Calcon Hook Road		INSURER D:		
Suite 11		INSURER E:		
Sharon Hill PA	19079-1822	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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				-	MITS SHOWN MAY HAVE BEEN RED				
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
			X	Y	CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	<pre>\$ included</pre>
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
~		ALL OWNED SCHEDULED AUTOS AUTOS	х	Y	EBA0261091	7/1/2019	7/1/2020	,	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$ 2,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
В	(Man	datory in NH)	.,,		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000	Deduct/1,000
								Earthquake Inception/	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
When required by written contract, Burris Logistics is included as additional insured for General
Liability Auto Liability on a primary & noncontributory basis. Waiver of subrogation in favor of Burris
Logistics for general liability auto liability is included.

CERTIFICATE HOLDER		CANCELLATION				
(443)327-5293 Burris Logistics 451 Fletchwood Rd Elkton, MD 21921	compliance@burrislogistics.cc	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				
I		Kristen Jordan/KLJ	Wister Joseph			
		S 4222 2244 4 2222 2222				



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Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (610)687-	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER	(WIW/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	s 1,000	,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	•	,000
			х		CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$ 5	,000
								PERSONAL & ADV INJURY	\$ 1,000	,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ incl	uded
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000	,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$ 2,000	,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
В	(Man	datory in NH)	1177		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000	Deduct/1	,000
								Earthquake Inception/		ļ

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) When required by written contract, Calcon Hook Industrial Park, Inc. is included as additional insured for general liability as landlord.

CERTIFICATE HOLDER	CANCELLATION

CALCON HOOK INDUSTRIAL PARK INC 112 CHESLEY DRIVE, SUITE 200 MEDIA, PA 19063

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

Kristen Jordan/KLJ



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INSURED	INSURER B: Cincinnati Indemnity	23280		
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895		
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #		
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com			
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687-5801			
PRODUCER	CONTACT NAME: Kristen Jordan			
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					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
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		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
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		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION	
mike.kelly@coyote.com Coyote Logistics 960 North Point Parkway Suite 150	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES THE EXPIRATION DATE THEREOF, NOTICE WILL BE I ACCORDANCE WITH THE POLICY PROVISIONS.	
Alpharetta, GA 30005	AUTHORIZED REPRESENTATIVE	Vista Boda
	Kristen Jordan/KLJ	manan Jukan -



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Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	_
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 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)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

Docket #MC152697

CERTIFICATE HOLDER CAN	CELLATION
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DAT Solutions LLC 8405 SW Nimbus Avenue Beaverton, OR 97008 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

Kristen Jordan/KLJ WWW/JNOW



DATE (MM/DD/YYYY) 6/28/2019

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 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

OCUEDA OFO	DEVICION NUMBER			
Sharon Hill PA 19079-1822	INSURER F:			
Suite 11	INSURER E :			
950 Calcon Hook Road	INSURER D:			
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182		
INSURED	INSURER B: Cincinnati Indemnity	23280		
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895		
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #		
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com			
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610			
PRODUCER	CONTACT NAME: Kristen Jordan			
certificate holder in fleu of such endorsement(s).				

CERTIFICATE NUMBER: 2019/20 COVERAGES 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)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER C	CANCELLATION
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Fratelli Beretta U.S.A, Inc. 750 Clark Drive Mt Olive, NJ 07828

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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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certificate floider in fled of Such er	idorsement(s).				
PRODUCER		CONTACT NAME: Kristen Jordan			
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (610) 687-5757 (A/C, No): (610) 687-			
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com			
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #	
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895	
INSURED		INSURER B: Cincinnati Indemnity		23280	
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins (Co	26182	
950 Calcon Hook Road		INSURER D:			
Suite 11		INSURER E:			
Sharon Hill PA	19079-1822	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		, Aeree						(, or sociality	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
А	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.4		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
								Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION
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Freight Trac Services LLC 15645 SE 114 Ave Ste 201 Clackamas, OR 9701 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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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certificate floider in fled of Such er	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): (610)687-5757	FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins (Co	26182
950 Calcon Hook Road		INSURER D:		
Suite 11		INSURER E:		
Sharon Hill PA	19079-1822	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER	(WIW/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	s 1,000	,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	•	,000
			х		CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$ 5	,000
								PERSONAL & ADV INJURY	\$ 1,000	,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ incl	uded
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000	,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$ 2,000	,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
В	(Man	datory in NH)	1177		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000	Deduct/1	,000
								Earthquake Inception/		ļ

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
When required by written contract, Fundamental Labor Strategies®, Inc. is included as an additional insured for general liability on a primary & noncontributory basis. When required by written contract, prior to a loss and when permitted by law, waiver of subrogation is included for general liability.

CERTIFICATE HOLDER	CANCELLATION				
Fundamental Labor Strategies®, Inc. 58 West Bridge Street New Hope, PA 18938	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES THE EXPIRATION DATE THEREOF, NOTICE WILL BE ACCORDANCE WITH THE POLICY PROVISIONS.				
New Hope, IA 10930	AUTHORIZED REPRESENTATIVE				
	Kristen Jordan/KLJ	Kister Jondan			



DATE (MM/DD/YYYY) 6/28/2019

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certificate floider in fled of such endorsement(s).			
PRODUCER	CONTACT Kristen Jordan		
Robert McIntyre Insurance, Inc.	(A/C, No, Ext): (610)667-5757	FAX (A/C, No): (610)687-580	01
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	02	25895
INSURED	INSURER B: Cincinnati Indemnity	23	3280
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26	5182
950 Calcon Hook Road	INSURER D :		
Suite 11	INSURER E :		
Sharon Hill PA 19079-1822	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		, Aeree						(, or sociality	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
А	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
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								Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION
(973)521-7929	

Glen Rock Hams Liz Breen, Al & John 147 Clinton Road West Caldwell, NJ 07006 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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (610)687-	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
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A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION
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J&B Partners 13200 43rd St NE St. Michael, MN 55376 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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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certificate holder in fleu of such en	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): (610)687-5757	FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins	Co	26182
950 Calcon Hook Road		INSURER D :		
Suite 11		INSURER E :		
Sharon Hill PA	19079-1822	INSURER F:		
001/504.050	OFFICIOATE NUMBER 2010/20	DEV/(01011 1111	MDED	

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		, Aeree						(, or sociality	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
А	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.4		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
								Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION				
(479)820-5647 J.B. Hunt Transport PO Box 1745 Lowell, AR 72745	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				
	Kristen Jordan/KLJ				



DATE (MM/DD/YYYY) 6/28/2019

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certificate holder in fleu of Such er	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,			FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins C	lo .	26182
950 Calcon Hook Road		INSURER D:		
Suite 11		INSURER E :		
Sharon Hill PA	19079-1822	INSURER F:		
<u> </u>			•	

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		, Aeree						(, or sociality	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
А	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.4		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
								Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELL ATION

Jimmy's Cookies Attn: Cameron Burke 125 Entin Road Clifton, NJ 07014 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

Kristen Jordan/KLJ



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certificate floider in fied of such endorsement(s).		
PRODUCER	CONTACT NAME: Kristen Jordan	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
INSURED	INSURER B: Cincinnati Indemnity	23280
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
950 Calcon Hook Road	INSURER D:	
Suite 11	INSURER E:	
Sharon Hill PA 19079-1822	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION
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(904)779-3234

carrierqualifications@landsta

Landstar System, Inc. and each of its wholly-owned

subsidiary companies

P.O. Box 19137

Jacksonville, FL 32245

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

Kristen Jordan/KLJ



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certificate holder in fleu of Such er	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,			FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins C	lo .	26182
950 Calcon Hook Road		INSURER D:		
Suite 11		INSURER E :		
Sharon Hill PA	19079-1822	INSURER F:		
<u> </u>			•	

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
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С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

Load Delivered Logistics, LLC 640 N. LaSalle St. Ste 555 Chicago, IL 60654

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AUTHORIZED REPRESENTATIVE

Kristen Jordan/KLJ

TION All rights recent



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certificate holder in fleu of such en	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
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420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins	Co	26182
950 Calcon Hook Road		INSURER D :		
Suite 11		INSURER E :		
Sharon Hill PA	19079-1822	INSURER F:		
001/504.050	OFFICIOATE NUMBER 2010/20	DEV/(01011 1111	MDED	

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A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION

MegaCorp Logistics P.O. Box 1050 Bech, NC 28480 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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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 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).

certificate holder in fleu of Such er	idorsement(s).					
PRODUCER		CONTACT NAME: Kristen Jordan				
Robert McIntyre Insurance,			FAX (A/C, No): (610)687	-5801		
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com				
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #		
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895		
INSURED		INSURER B: Cincinnati Indemnity		23280		
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins C	lo .	26182		
950 Calcon Hook Road		INSURER D:				
Suite 11		INSURER E :				
Sharon Hill PA	19079-1822	INSURER F:				
<u> </u>			•			

COVERAGES CERTIFICATE NUMBER: 2019/20 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)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CANCELLATION

Pacific Logistics Corp Attn: Carrier Compliance 7255 Rosemead Blvd Pico Rivera, CA 90660 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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

		•
Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	_
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION

CARRIERRELATIONS@GOPTLS.COM

PARAMOUNT TRANSPORTATION LOGISTICS SERVIC 16520 S TAMIAMI TRAIL# 180 FT. MYERS, FL 33908 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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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		•
Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	_
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELL ATION

Port Carteret Tucking, FreezPak Logistics Saoud Enterprises 760B Port Carteret Drive Carteret, NJ 07008

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

Kristen Jordan/KIJ



DATE (MM/DD/YYYY) 6/28/2019

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certificate holder in fleu of such en	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): (610)687-5757	FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins	Co	26182
950 Calcon Hook Road		INSURER D :		
Suite 11		INSURER E :		
Sharon Hill PA	19079-1822	INSURER F:		
001/504.050	OFFICIOATE NUMBER 2010/20	DEV/(01011 1111	MDED	

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION	
(312)698-9580 Redwood Multimodal 1765 N. Elston Ave Chicago, IL 60642	SHOULD ANY OF THE ABOVE DESCRIBED POLICIE THE EXPIRATION DATE THEREOF, NOTICE WILL BE ACCORDANCE WITH THE POLICY PROVISIONS.	
chicago, ii ooo ii	AUTHORIZED REPRESENTATIVE	
1	Kristen Jordan/KLJ	Vistar Jordan



DATE (MM/DD/YYYY) 6/27/2019

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		•
Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	_
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		, Aeree						(, or sociality	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
А	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.4		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
								Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

transportation@registrymonitc

Registry Monitoring Insurance Services, I 5388 Sterling Center Drive Westlake Village, CA 91361 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

Kristen Jordan/KLJ

TION All rights reserve



DATE (MM/DD/YYYY) 6/28/2019

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Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (610)687-	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 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)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELL ATION

RMX GLOBAL LOGISTICS 35715 US HIGHWAY 40 BLDG B EVERGREEN, CO 80439 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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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certificate holder in fleu of such en	dorsement(s).					
PRODUCER		CONTACT NAME: Kristen Jordan				
Robert McIntyre Insurance,		PHONE (A/C, No, Ext): FAX (A/C, No): (610) 687-5801				
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com				
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #		
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895		
INSURED		INSURER B: Cincinnati Indemnity		23280		
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins C	Co	26182		
950 Calcon Hook Road		INSURER D:				
Suite 11		INSURER E :				
Sharon Hill PA	19079-1822	INSURER F:				
•						

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR				= /4 /0040		PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	1,000,000
		ACCRECATE LIMIT APPLIES DED.						PERSONAL & ADV INJURY	\$	2,000,000
	GEN	POLICY PRO- LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	included
		OTHER:						PRODUCTS - COMP/OP AGG	\$	Incruded
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
້		ALL OWNED SCHEDULED AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$						1050	\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
В	(Man	datory in NH) s, describe under			EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
								Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION
--------------------	--------------

Royal Rose Logistics, Inc 14033 Commerce Ave NE

Suite 300-323

Prior Lake, MN 55372

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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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COVERACES CERTIFICATE NUMBER, 2019 / 20	DEVISION NUMBER.	
Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	7-5801
PRODUCER	CONTACT Kristen Jordan	
certificate holder in lieu of such endorsement(s).		

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	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
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
В	(Mar	ndatory in NH)			EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	tor Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
								Earthquake Inception/		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CERTIFICATE HOLDER	CANCELLATION
SAMPLE PROOF 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
	Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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certificate floider in fled of Such eff	uorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): (610)687-5757	FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins (Co	26182
950 Calcon Hook Road		INSURER D:		
Suite 11		INSURER E:		
Sharon Hill PA	19079-1822	INSURER F:		
				· ·

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER	(WIW/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	s 1,000	,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	•	,000
			х		CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$ 5	,000
								PERSONAL & ADV INJURY	\$ 1,000	,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ incl	uded
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000	,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$ 2,000	,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
В	(Man	datory in NH)	1177		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000	Deduct/1	,000
								Earthquake Inception/		ļ

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
When required by written contract, Smithfield Foods, Inc. and all subsidiaries, related entities and
affiliates, shareholders, directors, officers, agents, managers, partners and members of the foregoing
entities are named as an additional insureds for General Liability on a primary and noncontributory
basis. When required by written contract, prior to a loss and when permitted by law, there is a Waiver of
Subrogation in favor of Smithfield Foods, Inc for General Liability.

CERTIFICATE HOLDER	CANCELLATION			
khuxford@smithfield.com Smithfield Foods Inc. Attn: Kristin Huxford 11500 NW Ambassador Drive Ste 500 Kansas City, MO 64153	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED E THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	AUTHORIZED REPRESENTATIVE			
Kansas City, MO 64153	Kristen Jordan/KLJ	Vistar Jordan		



DATE (MM/DD/YYYY) 6/28/2019

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certificate floider in fled of Such eff	uorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): (610)687-5757	FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins (Co	26182
950 Calcon Hook Road		INSURER D:		
Suite 11		INSURER E:		
Sharon Hill PA	19079-1822	INSURER F:		
				· ·

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER	(WIW/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	s 1,000	,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	•	,000
			х		CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$ 5	,000
								PERSONAL & ADV INJURY	\$ 1,000	,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ incl	uded
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000	,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$ 2,000	,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
В	(Man	datory in NH)	1177		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000	Deduct/1	,000
								Earthquake Inception/		ļ

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

Smithfield Foods, Inc. and all subsidiaries, related entitites and affiliates, shareholders, directors, officers, agents, managers, partners and members of the foregoing entitites are general liability additional insured by written contract

CERTIFICATE HOLDER	CANCELLATION	
khuxford@smithfield.com Smithfield Foods Attn: Kristin Huxford 4225 Naperville Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICI THE EXPIRATION DATE THEREOF, NOTICE WILL B ACCORDANCE WITH THE POLICY PROVISIONS.	
Ste 600	AUTHORIZED REPRESENTATIVE	
Lisle, IL 60532	Kristen Jordan/KLJ	Vistar Jordan



DATE (MM/DD/YYYY) 6/28/2019

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		•
Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 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)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION
(513)947-3441 Total Quality Logistics (TQL) P.O. Box 799 Cincinnati, OH 45150	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
CINCINNACI, On 45150	AUTHORIZED REPRESENTATIVE
	Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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		•
Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): (610)687-5757 FAX (A/C, No): (610)687	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER CA	NCELLATION
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Truckflex 501 W. Broadway St. Ste 800 San Diego, CA 92101 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

Kristen Jordan/KLJ



DATE (MM/DD/YYYY) 6/28/2019

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Sharon Hill PA 19079-1822	INSURER F:	
Suite 11	INSURER E:	
950 Calcon Hook Road	INSURER D:	
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26182
INSURED	INSURER B: Cincinnati Indemnity	23280
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	025895
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE	NAIC #
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com	
Robert McIntyre Insurance, Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (610)687-	-5801
PRODUCER	CONTACT NAME: Kristen Jordan	
certificate floider in fled of such endorsement(s).		

COVERAGES CERTIFICATE NUMBER: 2019/20 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	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		, Aeree						(, or sociality	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
А	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.4		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
								Earthquake Inception/		

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

CERTIFICATE HOLDER		CANCELLATION					
Truckstop.com c/o CIVS PO Box 370	civs@truckstop.com	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
New Plymouth, ID	83655	AUTHORIZED REPRESENTATIVE	Vistar Stroku				
l		Kristen Jordan/KLJ	www.prp.				



DATE (MM/DD/YYYY) 6/28/2019

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certificate floider in fled of Such en	uorsememus).					
PRODUCER		CONTACT NAME: Kristen Jordan				
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (610)687-5801				
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com				
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #		
St. Davids PA	19087-7455	INSURER A: United States Liability Ins	025895			
INSURED		INSURER B: Cincinnati Indemnity		23280		
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins (Co	26182		
950 Calcon Hook Road		INSURER D:				
Suite 11		INSURER E :				
Sharon Hill PA	19079-1822	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	included
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	Х	ANY AUTO						BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$	2,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY I	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	147.6		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Mot	or Truck Cargo			CIM00000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000		Deduct/1,000
		-						Earthquake Inception/		

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

CERTIFICATE HOLDER	CANCELLATION	
idm@truckstop.com Truckstop.com c/o IDM PO Box 370	SHOULD ANY OF THE ABOVE DESCRI THE EXPIRATION DATE THEREOF, NO ACCORDANCE WITH THE POLICY PRO	
New Plymouth, ID 83655	AUTHORIZED REPRESENTATIVE	
	Kristen Jordan/KLJ	Wistan Joseph



DATE (MM/DD/YYYY) 6/28/2019

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certificate floider in fled of such endorsement(s).						
PRODUCER	CONTACT Kristen Jordan					
Robert McIntyre Insurance, Inc.	(A/C, No, Ext): (610)667-5757	FAX (A/C, No): (610)687-580	01			
420 E. Lancaster Ave.	E-MAIL ADDRESS: KLJ@RMIRM.com					
P. O. Box 7455	INSURER(S) AFFORDING COVERAGE		NAIC #			
St. Davids PA 19087-7455	INSURER A: United States Liability Ins	02	25895			
INSURED	INSURER B: Cincinnati Indemnity	23	3280			
American Truck Lines, Inc.	INSURER C: Harleysville Worcester Ins Co	26	5182			
950 Calcon Hook Road	INSURER D :					
Suite 11	INSURER E :					
Sharon Hill PA 19079-1822	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
			х		CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	<pre>\$ included</pre>
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$
~		ALL OWNED SCHEDULED AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$ 2,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
В	(Man	idatory in NH)	14,7,4		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000	Deduct/1,000
								Earthquake Inception/	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
When required by written contract, US Cold Storage is included as additional insured for General
Liability.

CERTIFICATE HOLDER	CANCELLATION				
(610)433-7069 US Cold Storage 15 Emery Street Bethlehem, PA 18015	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Decironom, III 10015	AUTHORIZED REPRESENTATIVE				
	Kristen Jordan/KLJ				



DATE (MM/DD/YYYY) 6/28/2019

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certificate floider in fled of Such er	idorsement(s).			
PRODUCER		CONTACT NAME: Kristen Jordan		
Robert McIntyre Insurance,	Inc.	PHONE (A/C, No, Ext): (610)687-5757	FAX (A/C, No): (610)687	-5801
420 E. Lancaster Ave.		E-MAIL ADDRESS: KLJ@RMIRM.com		
P. O. Box 7455		INSURER(S) AFFORDING COVERAGE		NAIC #
St. Davids PA	19087-7455	INSURER A: United States Liability Ins		025895
INSURED		INSURER B: Cincinnati Indemnity		23280
American Truck Lines, Inc.		INSURER C: Harleysville Worcester Ins (Co	26182
950 Calcon Hook Road		INSURER D:		
Suite 11		INSURER E:		
Sharon Hill PA	19079-1822	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 2019/20 REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	 S	
LIK	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER	(WIW/DD/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	s 1,000	,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	•	,000
			х		CL1658611D	7/1/2019	7/1/2020	MED EXP (Any one person)	\$ 5	,000
								PERSONAL & ADV INJURY	\$ 1,000	,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ incl	uded
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
"		ALL OWNED SCHEDULED AUTOS			EBA0261091	7/1/2019	7/1/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000	,000
A	х	EXCESS LIAB CLAIMS-MADE			XSL016G2546	8/1/2018	8/1/2019	AGGREGATE	\$ 2,000	,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000	,000
В	(Man	datory in NH)	1177		EWC033520703	7/1/2019	7/1/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
С	Mot	or Truck Cargo			CIM0000090035T	7/1/2019	7/1/2020	Single Conveyance/\$150,000	Deduct/1	,000
								Earthquake Inception/		ļ

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
When required by written contract, Village Cannery of Vermont is included as additional insured for general liability.

CERTIFICATE HOLDER	CANCELLATION	
Village Cannery of Vermont 698 S Barre Rd. Barre, VT 05641	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.) BEFORE
Baile, VI 03041	AUTHORIZED REPRESENTATIVE	
	Kristen Jordan/KLJ	