

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/26/2018

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.

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). CONTACT NAME: Michelle Eder PRODUCER Marvin Johnson & Associates PHONE (A/C, No, Ext): 812-372-0841 E-MAIL ADDRESS: meder@mjai.com FAX (A/C, No): 812-348-7474 305 Washington St Columbus IN 47201 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Northland Insurance Co 24015 CLASCAR-01 INSURED INSURER B : Classic Carriers Inc INSURER C: P.O. BOX 295 Versailles OH 45380 INSURER D INSURER E : INSURER F: **CERTIFICATE NUMBER: 2086510937 REVISION NUMBER: COVERAGES** 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 POLICY EFF POLICY EXP ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER Х COMMERCIAL GENERAL LIABILITY WF007554 12/1/2018 12/1/2019 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$ 2,000,000 PRO-JECT PRODUCTS - COMP/OP AGG \$ 1,000,000 POLICY OTHER: COMBINED SINGLE LIMIT 12/1/2018 12/1/2019 \$ 1,000,000 WF007554 AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) ANY AUTO SCHEDULED BODILY INJURY (Per accident) ALL OWNED AUTOS S Х AUTOS NON-OWNED PROPERTY DAMAGE \$ Х (Per accident) HIRED AUTOS s UMBRELLA LIAB EACH OCCURRENCE 5 OCCUR AGGREGATE **EXCESS LIAB** S CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 12/1/2018 12/1/2019 \$250,000 WF007554 CARGO- Includes Reefer Breakdown DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CANCELLATION** CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. \*\*Insured's own Purposes\*\* AUTHORIZED REPRESENTATIVE

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