

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/30/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER						CONTACT Carrie DeMange					
PHELAN INSURANCE AGENCY INC					PHONE (A/C, No, Ext): FAX (A/C, No): (937) 526-5178						
863 East Main Street						(A/C, NO, EXI): (A/C, NO). E-MAIL ADDRESS: carrie_demange@phelanins.com					
PO Box 1					INSURER(S) AFFORDING COVERAGE NAIC #						
Versailles OH 45380					INSURER A: Acuity Mutual Insurance Company					14184	
INSURED					INSURER B: Great West Casualty Company					11371	
Jett Express Inc					INSURER C: Gemini Insurance Company					10833	
340 Transfer Dr					INSURER D: Praetorian Insurance Company					37257	
						INSURER E: Travelers Property Casualty Ins Co of America				25674	
Indianapolis IN 46214					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 23-24 Liab/Cargo/Excess 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			DDL SUBR NSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	Φ .	0,000	
	CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:					06/08/2023	06/08/2024	PREMISES (Ea occurrence)	Φ .	00,000	
								MED EXP (Any one person)	\$ 5,00		
Α				F95410				PERSONAL & ADV INJURY	\$ 1,000,000		
								GENERAL AGGREGATE	Φ .	0,000	
	POLICY PROJECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS			GRT07720A		09/01/2023	09/01/2024	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	Except PPA							(\$		
С	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 4,000,000		
	EXCESS LIAB CLAIMS-MADE			GSV500079503		09/01/2023	09/01/2024	AGGREGATE	\$ 4,000,000		
	DED RETENTION \$ 0								\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N					06/08/2023	06/08/2024	PER STATUTE OTH-			
				P0014-MP231165113C				E.L. EACH ACCIDENT	\$ 1,00	00,000	
	(Mandatory in NH)	N/A		2011001100		00/00/2020	00/00/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
	Motor Truck Cargo							Limit		0,000	
Е				QT-660-2S860282-TIL-23		09/01/2023	09/01/2024	Deductible	\$2,5		
								Reefer Breakdown	Inclu	ıded	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
ONIVELENION CANCELLATION											
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE					

Jose w Phelm