**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

tl	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					(2000)	, <u></u>	EACH OCCURRENC	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED (Trence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
	DTIEICATE UOI DED				CANC	CELL ATION					
<u>CE</u>	A-1 Freight Systems 172 West 9400 South Sandy, UT 84070					EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATI	E NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY		.,,,,			,	<u>,</u>	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one )		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
		117.7						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	ວ 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
CE	PTIFICATE HOLDER				CANC	CELLATION					
VL	AGCO Corp. 4205 River Green Pkwy Duluth, GA 30096					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					
					B	the	=				

**JKLUG** 

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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tl	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to	cert	ificate holder in lieu of su	ıch end	lorsement(s)		require an en	aorsemen	t. AS	tatement on	
PRO	DUCER				CONTA NAME:	ст Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326			(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.c	om		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem			INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Racille, WI 55400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NU			
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS	ITH RESPE	CT TO	O WHICH THIS
INSR			SUBR		DLLINI	POLICY EFF	POLICY EXP		LIMIT	TS	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MIM/DD/YYYY)	EACH OCCURRE		s	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea ou	ITED ccurrence)	\$	100,000 5,000
								MED EXP (Any on		\$	1,000,000
								PERSONAL & AD		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							GENERAL AGGR		\$	2,000,000
	OTHER:							PRODUCTS - CO	MP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY (	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)	AGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	If ves, describe under							E.L. DISEASE - E	A EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	OLICY LIMIT	\$	
DE0	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	. 50 (	1000	404 Additional Dancada Octobril	.1	#bd #	!!				
CE	RTIFICATE HOLDER				CANO	ELLATION					
	AIM Over-The-Road, LLC PO Box 259 Katy, TX 77492					OULD ANY OF T	N DATE TH	DESCRIBED POL HEREOF, NOTIC CY PROVISIONS	CE WILL		
						. Lh					

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ACORD®

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tl	is certificate does not confer rights t				ıch end	lorsement(s).	,	require air cita	or semien	A 3	taternent on
	DUCER				CONTA NAME:	<sup>CT</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Nacilie, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
C IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****		(WIW/DD/TTTT)		(mini/20/1111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	v 101, Additional Remarks Schedi	iie, may b	e attached if more	e space is requir	ea)			
	DITIEICATE HOLDED				CANC	ELLATION					
CE	CERTIFICATE HOLDER  AIMTEK 201 Washington St					ULD ANY OF T	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
	Auburn, MA 01501			AUTHO	RIZED REPRESEN	NTATIVE					

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th	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
	DUCER					CT Julie Klu					
	nson Insurance Racine Hunter Dr Ste 100					o, Ext): (262) 3				(877)	254-8586
	nt Pleasant, WI 53406				ADDRE:	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		
								RDING COVERAGE			NAIC #
					INSURE	RA: Covingt	on Special	ty Insurance	Compan	ıy	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sys	stem			INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Nacine, Wi 33400				INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT	ED	\$	100,000
								PREMISES (Ea occ MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO-							PRODUCTS - COM		\$	2,000,000
	OTHER:							FRODUCTS - COM	F/OF AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (P		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$	
	ACTOC CIVET							(* 0. 0.00.00.00.00)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	red)			<del></del>
CEF	RTIFICATE HOLDER				CANC	ELLATION					
	Allegro Transportation, LLC 3605 Sandy Plains Rd Ste 24 Marietta, GA 30066		THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICI Y PROVISIONS.					
					AUTHO	RIZED REPRESEI	NTATIVE				
					1	· Ita					

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	SUBROGATION IS WAIVED, subje nis certificate does not confer rights t							require an en	dorsemen	t. As	tatement on
PRO	DUCER				CONTA	<sup>C⊤</sup> Julie Klu	ıg				
	nson Insurance Racine								FAX (A/C, No):	(877)	254-8586
	3 Hunter Dr Ste 100 ınt Pleasant, WI 53406				E-MAIL ADDRE	ss: jklug@jo	hnsonfina	ncialgroup.co			
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NU	IMBER:		
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INSR LTR			SUBR		DELITI	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	ITS	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIW/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRE		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	ITED currence)	\$	100,000 5,000
								MED EXP (Any on		\$	1,000,000
								PERSONAL & AD		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRO-   LOC							GENERAL AGGRI		\$	2,000,000
	OTHER:							PRODUCTS - COI	MP/OP AGG	\$ \$	
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY (	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM/ (Per accident)	AGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	If ves. describe under							E.L. DISEASE - E/			
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - PO	OLICY LIMIT	\$	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LEC /	ACORI	D 101 Additional Remarks School	ıla may h	a attached if mor	o anasa ia rasui	rad			
220	S. S	(		, radicinal Nellaine dellett	, may b	. C attached ii iii0i	o opuso is requi	,			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Ameritrans, Inc. 1316 Brown Trail Bedford, TX 76022					EXPIRATION	N DATE TH	ESCRIBED POLITIONS	CE WILL		
	Douitiu, 17 10022				AUTHO	RIZED REPRESE	NTATIVE				
						· Home					

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#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	nis certificate does not confer rights to		ıch end		•	require an em	Jorsemen	t. AS	tatement on		
	nson Insurance Racine					o, Ext): (262) 3			FAX	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL	<sub>oo.</sub> iklua@io	hnsonfina	ncialgroup.co	⊢ (A/C, No):\ Om	(011)	234-0300
	ant i lousum, Wi 55-755				ADDRE			RDING COVERAGE			NAIC #
					INSURE		•	Ity Insurance	Compan	ıv	13027
INSU	JRED				INSURE		оп оросии			· ,	1.0021
	Diamond Transportation Sys	stem	Inc		INSURE						
	5021 21st St	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		INSURE						
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Х	х	VBA763180		7/3/2021	7/3/2022	EACH OCCURRED DAMAGE TO REN PREMISES (Ea oc	VCE TED	\$	1,000,000 100,000
		^	^			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MED EXP (Any one		\$	5,000
								PERSONAL & AD\		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM	/IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (I	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
non	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL erson Equipment Company or Anderson contributory basis on the General Liabil ten notice of cancellation applies.	ES (An Equ	ACORI uipmo A Wa	D 101, Additional Remarks Scheduent Company (NY), Inc. it's iver of subrogation applies	ile, may b directo s to the	e attached if mor ors, officers a General Liab	e space is requi nd employee ility in favor	red) s are additiona of Anderson Eq	l insured c uipment C	on a pr Compa	imary and
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Anderson Equipment Company 1000 Washington Pike Bridgeville, PA 15017					EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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.

	DUCER nson Insurance Racine					CT Julie Klu		FAX	/0==	\ 054 0500
1103	3 Hunter Dr Ste 100				(A/C, No	o, Ext): (262) 3	321-2326		(877	) 254-8586
Mou	unt Pleasant, WI 53406				ADDRE			ncialgroup.com		
							•	RDING COVERAGE		NAIC#
	1000						ton Specia	Ity Insurance Compar	ıy	13027
INSU					INSURE					
	Diamond Transportation Sys	stem	, Inc.		INSURE					
	Racine, WI 53406				INSURE					
	·				INSURE					
	V=2.4.0=0				INSURE	RF:		DE://0/01/01/11/19/DED		
				E NUMBER:			TO THE INOL	REVISION NUMBER:		01101/ PEDIOD
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 1	ECT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ACTOC CINET							( a secondary	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
								E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
									Ť	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
					SHC	OULD ANY OF		DESCRIBED POLICIES BE C		
	Annett Holdings Inc d/b/a T	мс т	rans	portation				HEREOF, NOTICE WILL CY PROVISIONS.	BE [	DELIVERED IN

ACORD 25 (2016/03)

PO Box 1774 Des Moines, IA 50306

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**AUTHORIZED REPRESENTATIVE** 



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	nis certificate does not confer rights t							require an ene	2013011011	A 3	natement on
PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cc	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	'INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	ENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	,,,						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	J 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
CF	RTIFICATE HOLDER				CANO	ELLATION					
<u> </u>	ARL Logistics, LLC 1155 Stoops Ferry Rd Moon Township, PA 15108		SHO THE ACC	ULD ANY OF 1	N DATE TH TH THE POLIC	ESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.					
					.	11					



#### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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

tl	nis certificate does not confer rights t	o the	certi	ficate holder in lieu of su						
PRC	DUCER				CONTA NAME:	ст Julie Klu	ıg			
	nson Insurance Racine							FAX (A/C, No)	(877)	254-8586
	3 Hunter Dr Ste 100 ınt Pleasant, WI 53406							ncialgroup.com	., ,	
	,				ADDILL			RDING COVERAGE		NAIC #
					INCLIDE		` '	Ity Insurance Compa	nv	13027
INSI	JRED				INSURE		соп оросна	ny mouranoe compa	,	10021
		- 4								+
	Diamond Transportation Sy 5021 21st St	stem	, inc.		INSURE					+
	Racine, WI 53406				INSURE					+
					INSURE					
	VEDACES CED	TIFI	~ A TF	NUMBED.	INSURE	KF:		DEVICION NUMBER.		
				NUMBER:		EEN ICCUED		REVISION NUMBER:	TUE DO	
	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R									
С	ERTIFICATE MAY BE ISSUED OR MAY	PER'	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICE	IES DESCRIB	ED HEREIN IS SUBJECT	TO ALL	THE TERMS,
⊨ INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY EFF	PAID CLAIMS. POLICY EXP			
<u>LTR</u>	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	E \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 46713, MC123048	LES (A	ACORE	101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requir	red)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
<u> </u>	JAIL HOLDEN				- CAIN					
	Assure Assist 543 Country club Dr, Unit B3 Simi Valley. CA 93065	338			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE ( IEREOF, NOTICE WILL CY PROVISIONS.		

**AUTHORIZED REPRESENTATIVE** 

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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t	his certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cor	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance C	Compan	y	13027
INS	URED				INSURE	RB:					
	Diamond Transportation Sy	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
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CC	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSF LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					(2000)	, <u></u>	EACH OCCURRENC	E	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	100,000
								MED EXP (Any one p		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	r accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
	DTIEICATE HOLDED				CAN	CILATION					
UE	AWARDCO Freight Management Group, Inc. PO Box 692 Spring, TX 77383					EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					B	the	=				

ACORD®

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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th	nis certificate does not confer rights to	o the	cert	<u>ificate holder in lieu of</u> su							
PRO	DUCER		CONTAC NAME:	<sup>C⊤</sup> Julie Klu	g						
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406							ncialgroup.co		. ,	
	,				7,22,1,2			RDING COVERAGE			NAIC #
					INSURF			tv Insurance	Compan	ıv	13027
INSL	JRED				INSURE	J.		.,		,	
	Diamond Transportation Sys	stam			INSURE						
	5021 21st St	Stein			INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	MRFR:		
	HIS IS TO CERTIFY THAT THE POLICIE				HΔV/F R	EEN ISSLIED T				HE PC	OLICY PERIOD
IN	NDICATED. NOTWITHSTANDING ANY R	EQU	IREMI	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT	TH RESPE	CT TO	O WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS S	UBJECT T	O ALL	. THE TERMS,
INSR		ADDL	SUBR		DEEIN	POLICY EFF	POLICY EXP			•	
LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000
^	CLAIMS-MADE X OCCUR			VD 4762490		7/2/2024	7/3/2022	EACH OCCURRENG DAMAGE TO RENT	ED	\$	100,000
	CLAIIVIS-IVIADE X OCCUR	X		VBA763180		7/3/2021	11312022	PREMISES (Ea occi		\$	5,000
								MED EXP (Any one	·	\$	1,000,000
								PERSONAL & ADV	INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMI	P/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE	E I IMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	LIIVIII	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	jE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	red)			
BER	G STEEL PIPE CORP is additional insu	red à	s res	pects General Liability.	•		•				
CE	PTIEICATE HOI DEP				CANC	YELL ATION					
UE	RTIFICATE HOLDER				CANC	ELLATION					
					SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLIC	IES BE C	ANCEL	LLED BEFORE
	BERG STEEL PIPE CORP				THE	EXPIRATION	N DATE TH	EREOF, NOTICI			
	5315 W 19th St				ACC	OKDANCE WI	IH IHE POLIC	Y PROVISIONS.			
	Panama City, FL 32401				AUTUG	DIZED DESSECT	NT A TIVE				
					AUTHOI	RIZED REPRESEI	NIAIIVE				
						·					

# ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

tł	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su							
PRO	DUCER				CONTAC NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE			ty Insurance (	Compar	ıv	13027
INSU	IRED				INSURE	RB:	•		-		
	Diamond Transportation Sys	stem	Inc		INSURE						
	5021 21st St	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBFR:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S OI EQUI PER	F INS REME TAIN,	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO R DOCUMENT WIT ED HEREIN IS SI	VE FOR T	CT TO	WHICH THIS
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD				(MINIO D) 1111)	(IIIIII DD/11111)	EACH OCCURRENG	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	·	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000
	X POLICY PRO-							PRODUCTS - COM		\$	2,000,000
	OTHER:							FRODUCTS - COM	F/OF AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	or norson)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	^E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	OE .	\$	
	DED RETENTION \$							AGGREGATE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Φ	
								E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I		· ·	
	If yes, describe under										
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DEC	COURTION OF ODERATIONS // OCATIONS ///TUC	Ee //	COPT	101 Additional Remarks School	lo mov b	o attached if ma	o enaco la rocul	l			
υES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	_E3 ( <i>F</i>	ACOKL	ioi, Additional Kemarks Schedu	ie, may b	e attached it mor	e space is requir	euj			
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Big Red Machinery Movers I	nc			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Milwaukee, WI 53209				AUTHORIZED REPRESENTATIVE						

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	is certificate does not confer rights t				ıch enc			require an end	Jorsemen	t. AS	tatement on	
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586	
	3 Hunter Dr Ste 100 int Pleasant, WI 53406				E-MAIL ADDRE	ss. jklug@jo	hnsonfina	ncialgroup.co	om	,		
	•				7,55,112			RDING COVERAGE			NAIC#	
					INSURE		• •	Ity Insurance	Compan	ıy	13027	
INSU	IRED				INSURE	RB:	•	•	•			
	Diamond Transportation Sy	stem	1		INSURE	R C :						
	5021 21st St				INSURE	RD:						
	Racine, WI 53406				INSURE	RE:						
					INSURE	RF:						
СО	VERAGES CEF	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	1,000,000 100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & AD\	•	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
	X POLICY PRO- DECT LOC							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDI	ENT	\$		
								E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER				CANC	ELLATION						
<u>ue</u>	Big Wheel Connection PO Box 225 Bonham, TX 75418			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								
					a 1							

**JKLUG** 



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
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ti	nis certificate does not confer rights t							require an ene	20130111011	A 3	natement on
PRO	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	R D :					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II.	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ		\$	1,000,000 100,000
							.,	MED EXP (Any one		\$	5,000
								PERSONAL & ADV	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO-							PRODUCTS - COM		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (F	Por noroon)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	•					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	BKG Freight Services Inc PO Box 2155 Mansfield, TX 76063		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE								
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**JKLUG** 

ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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ti	nis certificate does not confer rights t				ıch enc	lorsement(s)		- require an ene	10136111611	t. A 3	
	DUCER					ст Julie Klu			T =		
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): ( <b>∠७∠)</b> 3	321-2326		FAX   (A/C, No):	(877)	254-8586
	ınt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INSU	JRED				INSURE	R B :					
	Diamond Transportation Sy Diane Dahse	stem	1		INSURE	R C :					
	5021 21st St				INSURE	R D :					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						•	EACH OCCURREN	ICE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	red currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per nerson)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	AUTOS ONLT							(i ci deoideiti)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	IOL	\$	
	DED RETENTION \$							7.00.1.207.1.2		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO			
										<u>,                                      </u>	
DES Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate Holder is additional insured with	LES (	ACORI Dect to	o 101, Additional Remarks Schedu o General Liability.	ile, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Black Hawk County County Courthouse 316 East 5th St Waterloo, IA 50703		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								
	*				-	1/					

**JKLUG** 

ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	IBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY		.,,,,			,	<u>,</u>	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000
							- '	MED EXP (Any one p		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:							11.020010 00	70. 7.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
	AUTOS CINET							(i oi acoiaciii)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CF.	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	J.L	\$	
	DED RETENTION \$							NOCKEONIE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	<u> </u>	
								E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		•	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
										·	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
	DIFFCATE LIOLDED				CAN	SELL ATION					
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Bullock Construction Inc 32303 Matthewson Rd Easton, MD 21601				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
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ti	nis certificate does not confer rights to				ıch enc			require an end	Jorsemen	t. A S	tatement on
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	lty Insurance	Compan	y	13027
INSU	JRED				INSURE	RB:		REVISION NUMBER: SURED NAMED ABOVE FOR THE POLICY PER HER DOCUMENT WITH RESPECT TO WHICH TRIBED HEREIN IS SUBJECT TO ALL THE TER MS.  (PYY) LIMITS  EACH OCCURRENCE \$ 1,00 AMAGE TO RENTED PREMISES (Ea occurrence) \$ 10 PREMISES (Ea occurrence) \$ 1,00 AMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,00 AMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,00 AMAGE TO RENTED PRODUCTS - COMP/OP AGG \$ 2,00 AMAGE TO RENTED PRODUCTS - COMP/OP AGG \$ 2,00 AMAGE TO RENTED PRODUCTS - COMP/OP AGG \$ 2,00 AMAGE (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE ER E.L. EACH ACCIDENT \$ E.L. DISEASE - POLICY LIMIT \$ E.L. DISEASE - POL			
	Diamond Transportation Sy	stem	, Inc.	•	INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	Racille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:							
II C	IDICATED. NOTWITHSTANDING ANY F	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRENCE \$		-	1,000,000 100,000
											5,000
									•		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									•	2,000,000
	X POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM	MP/OP AGG	•	2,000,000
	AUTOMOBILE LIABILITY								E LIMIT	-	
	ANY AUTO							, ,	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	o 101, Additional Remarks Schedu	не, тау Б	e attached il mor	e space is requi	euj			
CE	RTIFICATE HOLDER				CANC	ELLATION					
<u>ve</u>	C&K / SWI Transportation PO Box 90357 San Bernardino, CA 92427			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							
					AUTHORIZED REPRESENTATIVE						



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	⊂ਾ Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	<sub>o, Ext):</sub> (262) 3	321-2326	FA (A	AX /C, No):(	877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com			
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Special	ty Insurance Co	mpan	у	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMB	ER:		
11 C	HIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER IES DESCRIB	R DOCUMENT WITH ED HEREIN IS SUB.	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY					(	\	EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,000
								MED EXP (Any one pers		\$	5,000
								PERSONAL & ADV INJU		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	E	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OI	P AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	MIT	\$	
	ANY AUTO							BODILY INJURY (Per pe	erson)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per ad	ccident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1858	0711	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMP	PLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT	\$	
	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC B East LLC is included as Loss Payee wi 00 (lessee-Jenco, Inc., division of Diam				ule, may b	e attached if mor #2LMPJ8KR2	e space is requir 2HBL35146, c	ed) :OSt new \$48,950 Co	omp De	ed \$1,	000, Coll Ded
	DIFFOATE HOLDES				0411	OFIL ATION					
CE	RTIFICATE HOLDER				CANO	CELLATION					
	CAB East LLC PO Box 390858 Minneapolis, MN 55439-0858					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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.

tł	is certificate does not confer rights t				ıch end	lorsement(s).	,		or semien		taternent on
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem,	Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	Nacilie, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUII PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(AIIII)	(mini/20/1111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	ed)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
<u>OL</u>	Cardinal Transport Inc PO Box 6 Coal City, IL 60416		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					B	RIZED REPRESEI	= TAIIVE				

# ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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tl	nis certificate does not confer rights to			ıch end			require an end	uorsemen	t. A S	tatement on	
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	R C:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NU	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE WOLCATED. NOTWITHSTANDING ANY REFITIED OR MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,000,00	
	CLAIMS-MADE X OCCUR	Χ	X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	/ INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- DOTHER: LOC							PRODUCTS - COM		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE hman Equipment Company is named as cellation or material change and a Waive				ıle, may b General	e attached if mor Liability. 30	e space is requi Day Notice o	red) of Cancellation a	applies in	the ev	ent of
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Cashman Equipment Compa 3300 St. Rose Parkway Henderson, NV 89052			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHO	RIZED REPRESEI	NTATIVE				

ACORD°

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
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	nis certificate does not confer rights to				ıch enc	lorsement(s)		require an end	Jorsemen	it. A S	statement on			
	DUCER					ст Julie Klu			FAV					
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		(A/C, No):	(877)	254-8586			
Μοι	ınt Pleasant, WI 53406				ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om					
								RDING COVERAGE			NAIC #			
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027			
INSU	JRED				INSURE									
	Diamond Transportation Sys	stem	, Inc.		INSURE									
	Racine, WI 53406				INSURE									
					INSURE									
	VERAGES CER	TIEI	^ A TE	NUMBER:	INSURE	KF:		REVISION NU	MDED.					
T IN C	HIS IS TO CERTIFY THAT THE POLICIES IN THE POL	S O EQUI PER	F INS IREME TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIE	RED NAMED ABO R DOCUMENT W ED HEREIN IS S	OVE FOR T	ECT TO	O WHICH THIS			
INSR LTR			SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s				
A	X COMMERCIAL GENERAL LIABILITY	INSD	VVVD			(MIM/DD/1111)	(MINDD/1111)	EACH OCCURREN		\$	1,000,000			
	CLAIMS-MADE X OCCUR	X	X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) \$			100,000 5,000			
								MED EXP (Any one		\$	1,000,000			
								PERSONAL & ADV		\$	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							GENERAL AGGRE		\$	2,000,000			
	OTHER:							PRODUCTS - CON	/IP/OP AGG	\$				
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$				
	ANY AUTO							BODILY INJURY (F	Per person)	\$				
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$				
										\$				
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$				
	DED RETENTION \$							DED	OTU	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDI		\$				
	If yes, describe under							E.L. DISEASE - EA		\$				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (	ACORE	101 Additional Remarks School	ıle may h	e attached if mor	o snace is requi	red)						
Cate	rpillar Logistics, Inc. is named as addit	ional	insu	red as repects to General	Liability	and a Blank	et Waiver of	Subrogation ap	plies.					
CF	RTIFICATE HOLDER				CANO	CELLATION								
<u> </u>					J									
	Caterpillar Logistics, Inc.				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
	1075 Broad Ripple Ave, Suite Indianapolis, IN 46220	1075 Broad Ripple Ave, Suite 313						AUTHORIZED REPRESENTATIVE						

This Endorsement Changes The Policy. Please Read It Carefully.

# BLANKET ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name of Additional Insured Person(s) or Organization(s):

Any person or organization whom you are required to add as an additional insured on this policy under a written contract which is currently in effect or becoming effective during the term of the policy and executed prior to the "bodily injury", "property damage", or "personal and advertising injury".

- A. Section II Who is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) designated above.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to SECTION III Limits of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions of this policy remain unchanged.



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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PRO	nis certificate does not confer rights to		CONTA	lorsement(s) <sup>CT</sup> Julie Klu		require an end									
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586				
	ınt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om						
							• •	RDING COVERAGE			NAIC #				
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	y	13027				
INS	JRED				INSURE	R B :									
	Diamond Transportation Sys	stem	, Inc.		INSURE	R C:									
	5021 21st St Racine, WI 53406				INSURE	R D :									
					INSURE										
					INSURE	RF:									
				E NUMBER:				REVISION NU							
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s					
Α	X COMMERCIAL GENERAL LIABILITY					<b>,</b>	,,	EACH OCCURREN	ICE	\$	1,000,000				
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000				
								MED EXP (Any one		\$	5,000				
								PERSONAL & ADV	/ INJURY	\$	1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000				
	X POLICY PRO- DITHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000				
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$					
	ANY AUTO							BODILY INJURY (F	Per person)	\$					
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$					
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$					
										\$					
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$					
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$					
	DED RETENTION \$							DED	OTU	\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$					
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$					
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Il is additional insured as respects Gene				ile, may b	e attached if mor	e space is requi	rea)							
CE	RTIFICATE HOLDER				CANCELLATION										
	CB&I One CB&I Plaza 2103 Research Forest Dr The Woodlands, TX 77380					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									
		1116 WOOGIATIUS, 1A //300						14							

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ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cor	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance C	ompan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem			INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATI	E NUMBER:				REVISION NUM	IBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICIENT INDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					<u> </u>	······	EACH OCCURRENC	E	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	100,000
								MED EXP (Any one p		\$	5,000
								PERSONAL & ADV II		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	r accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Ε	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)			
	RTIFICATE HOLDER				CAN	CELL ATION					
<u>UE</u>	CDS Transport P.O. Box 100 Heber City, UT 84032		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.								
	•				AUTHO	RIZED REPRESE	NTATIVE				

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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t	his certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinaı	ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SI	TH RESPE	CT TC	WHICH THIS
INSF LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	, <u></u>	EACH OCCURRENG	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)			
	DTIEICATE HOLDED				CAN	CELL ATION					
<u>ve</u>	CEVA Logistics U.S., Inc. 8800 Baymeadows Way Wes Suite 450 Jacksonville, FL 32256	st			SHC THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
	Odoksonvine, I E 32230				B	the	<del>-</del>				



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	nis certificate does not confer rights t							require air ene	ioi scilicii	A 3	tatement on
PRO	DUCER				CONTA NAME:	ст Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.	MC 827940	INSURE	R C :					
	5021 21st St				INSURE	R D :					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II.	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000 100,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	currence)	\$	5,000
								MED EXP (Any one	•	\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
								PRODUCTS - COM	IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (F	Por poreon)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	AUTOS ONLY AUTOS ONLY							(i ei accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N. / A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	CH Robinson Worldwide 14800 Charlson Rd, Ste 100 Eden Prairie, MN 55347	0			THE	EXPIRATION CORDANCE WI	N DATE TH TH THE POLIC	PESCRIBED POLIC HEREOF, NOTIC CY PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
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PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nnson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027
INS	URED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	OVERAGES CER	TIFI	CATE	NUMBER:				REVISION NUM	IBER:		
II	THIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SI	TH RESPE	CT TC	WHICH THIS
INSF	7/75 05 1101/15 1105		SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	· <del>                                      </del>	מפאוו	****			(MINI/DD/11111)	(1111)	EACH OCCURRENG		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE!	NT	\$	
		, , , ,						E.L. DISEASE - EA I	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI City of Chicago is Additional Insured as eral I.D 39-0799876	LES (A	ACORI	o 101, Additional Remarks Schedu Prest may appear with rega	ile, may b ird to G	e attached if mor eneral Liabilit	e space is requir 'Y.	ed)			
	RTIFICATE HOLDER				CANC	CELLATION					
<u>UL</u>	City of Chicago Department of Transportatio 121 N. LaSalle Street, Rm 90 Chicago, IL 60602				SHO THE ACC	OULD ANY OF T	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					B	the	=				

# ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

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PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.con	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance C	ompan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUM	BER:		
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INSF LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		1112			(MINUSER TOTAL)	(IIIIII DD/11111)	EACH OCCURRENC	E	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED rrence)	\$	100,000
								MED EXP (Any one p		\$	5,000
								PERSONAL & ADV II	,	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Per	r person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per	r accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	IT	\$	
		IN / A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
DES City	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC of Lathrop is additional insured with re	LES (A	ACORI t to C	o 101, Additional Remarks Schedu General Liability	ile, may b	e attached if mor	e space is requir	ed)			
	RTIFICATE HOLDER				CANC	CELLATION					
	City of Lathrop – Public Wor Lathrop, CA 95330	ks D	epar	tment	SHO THE ACC	OULD ANY OF T	N DATE TH	ESCRIBED POLICI EREOF, NOTICE Y PROVISIONS.			
					B	the	<del>-</del>				



#### CERTIFICATE OF LIABILITY INSURANCE

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	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): ( <b>∠७∠)</b> 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Special	Ity Insurance	Compan	ıy	13027
INS	JRED				INSURE	R B :					
	Diamond Transportation Sys	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
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E	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS	-			
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	currence)	\$	100,000
								MED EXP (Any one	person)	\$	5,000 1,000,000
								PERSONAL & ADV	INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1050	0.711	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC city of National City, its elected officials rogation applies to the General Liability		ACORE cers,	0 101, Additional Remarks Schedu agents and employees are	ile, may be addition	e attached if mor onal insureds	e space is requii with respect	red) t to the General	Liability. <i>I</i>	A waiv	er of
CE	RTIFICATE HOLDER				CANO	CELLATION					
	City of National City C/O Risk Manager 1243 National City Boulevard	d			ACC	EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.			
	National City, CA 91950				AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 

## ACORD®

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

tl	nis certificate does not confer rights				ıch end	lorsement(s).	,	require air cila	JI SCIIICII	t. A 3	tatement on
	DUCER					<sup>с⊤</sup> Julie Klu					
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	(877)	254-8586
	ınt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	n		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy Diane Dahse	stem			INSURE	RC:					
	5021 21st St				INSURE	R D :					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
C IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	requi Per	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY		.,,,,			,	,)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORI	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	ed)			
	RTIFICATE HOLDER				CANC	ELLATION					
<u>OL</u>	City of Ontario 303 E B St Ontario, CA 91764				SHO THE ACC	OULD ANY OF T	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					B	ALED REPRESE	TIALIVE STATISTICS				

**JKLUG** 

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an en	dorsemen	t. As	tatement on
PRO	DDUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nnson Insurance Racine 33 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Special	lty Insurance	Compar	ıy	13027
INS	URED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Racille, WI 53400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NU			
II C	'HIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSF	8	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α		IIIOD				(11111/20/1111/	<u> </u>	EACH OCCURRE	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	100,000
								MED EXP (Any on	e person)	\$	5,000
								PERSONAL & AD	/ INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	MP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGI (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (I	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	AGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1050	OTIL	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
DES The	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE City of Oxnard is additional insured with	ES (A	ACORE pect	D 101, Additional Remarks Schedu to General Liablity	lle, may b	e attached if mor	e space is requii	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	City of Oxnard 300 West 3rd Street Oxnard, CA 93030				THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.	E WILL		
					AUTHO	L	NIAIIVE				

**JKLUG** 

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD°

DATE (MM/DD/YYYY) 7/2/2021

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ti	nis certificate does not confer rights t							require an ene	2013011011		natement on
PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cc	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	ı, Inc.	i	INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM RTAIN, ICIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR .LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	'INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	1P/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	AUTOS GIVET							(* 5* 55555515)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	`					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	City of Perris Engineering Department PO Box 606 Perris, CA 92572			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							
					1 -	1/					

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tr	is certificate does not confer rights t	o tne	cert	ificate noider in lieu of su	icn end	iorsement(s).	•				
PRO	DUCER		CONTA NAME:	<sup>с⊤</sup> Julie Klu	g						
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	Hunter Dr Ste 100 nt Pleasant, WI 53406				E-MAIL ADDRE	ss. jklug@jo	hnsonfina	ncialgroup.co			
	,				,,,,,,,,,,			RDING COVERAGE			NAIC #
					INSURE			ty Insurance	Compar	v	13027
INSU	RED				INSURE		оп ороски		Compan		1002.
	Diamond Transportation Sy	-4	lna		INSURE						
	5021 21st St	Stem	i, ilic.		INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
	VERAGES CER	TIEI	CATE	E NUMBER:	INSUKL	KF.		REVISION NU	MDED.		
	IIS IS TO CERTIFY THAT THE POLICII				⊔Λ\/⊑ R	EEN ISSUED T				HE DO	
IN C	DICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT W ED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR	TYPE OF INSURANCE		SUBR			POLICY EFF	POLICY EXP		LIMIT	s	
A A	X COMMERCIAL GENERAL LIABILITY	מפאוו	WVVD	. CL.C. NOMBER		(MM/DD/YYYY)	(אוואי) (אוואי)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc		\$	100,000
		^		12/11/00/100		7,0,2021	110/2022			\$	5,000
								MED EXP (Any one PERSONAL & AD\		\$ \$	1,000,000
	OFAIL ACCRECATE LIMIT APPLIES DED.									\$ \$	2,000,000
	X POLICY PRO- JECT LOC							GENERAL AGGRE		•	2,000,000
								PRODUCTS - CON	IP/OP AGG	\$ \$	
	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$ \$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDI	ENT	\$	
		,						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	RIPTION OF OPERATIONS ! LOCATIONS ! VEHIC	LES (	ACOR	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)			
KE:	right-of-way Permit. City of Portland is	addii	ionai	insured as respects Gene	rai Liab	ility per attac	ned CG 81 02	2 08 05			
CERTIFICATE HOLDER						CANCELLATION					
	City of Portland OD Permits 1120 SW 5th Ave, Room 800		ACC	EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLI EREOF, NOTIC CY PROVISIONS.					
	Portland, OR 97204				AUTHORIZED REPRESENTATIVE						

ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

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PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinaı	ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compar	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem			INSURE	RC:					
	Diane Dahse 5021 21st St				INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	/IBER:		-
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	III OD	1112			(MINU DD) 1111)	(IIIIII DD/11111)	EACH OCCURRENG	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occu	ED	\$	100,000
		^						MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COM		\$	2,000,000
	OTHER:							T KODOOTO - OOM	701 400	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	or norson)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	^E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	<u>JE</u>	\$	
	DED RETENTION \$							AGGREGATE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	J	
								E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I			
	If ves. describe under										
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICT LIMIT	<b>3</b>	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES /	ACOPT	101 Additional Pomarks Schodu	ıla may h	e attached if mor	a snaca is roquir	ed)		I	
DES	ONIT HON OF OFERAHONS / LOCATIONS / VEHIC	LLS (A	HOUKL	7 101, Auditional Remarks Schedu	ne, may D	e attacheu ii iilor	e space is requir	cuj			
CE	PTIEICATE HOLDED				CANC	YELL ATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	City of Rancho Cucamonga PO Box 807				THE	EXPIRATION	N DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
	Rancho Cucamonga, CA 917	729			AUTHORIZED REPRESENTATIVE						

**JKLUG** 

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	DUCER					ст Julie Klu			EAV		
	nson Insurance Racine Hunter Dr Ste 100				(A/C, No	o, Ext): (∠७∠) 3			(A/C, No):	(877)	254-8586
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Specia	Ity Insurance (	Compan	ıy	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
	5021 21st St		,		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	/ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:		-
IN CE	IIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITBED HEREIN IS SI	TH RESPE UBJECT T	O ALL	WHICH THIS
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	1.000.000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occi	urrence)	\$	5,000
								MED EXP (Any one	person)	\$	1,000,000
								PERSONAL & ADV	INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$	
	X POLICY PRO- DOTHER:							PRODUCTS - COM	P/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident)  BODILY INJURY (Pe	or poreon)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS									\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR									\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	CE	\$	
								AGGREGATE		\$	
	DED RETENTION \$							PER STATUTE	OTH- ER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
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	City of Riverside 3900 Main St Riverside, CA 92522				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC IEREOF, NOTICI CY PROVISIONS.			
	Miver Side, UM 32322				AUTHORIZED REPRESENTATIVE						



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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	SUBROGATION IS WAIVED, subject is certificate does not confer rights to				ıch end	lorsement(s)		require an endorsemen	t. As	tatement on
PRO	DUCER				CONTA NAME:	ст Julie Klu	g			
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.com		
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance Compan	ıy	13027
INSU	RED				INSURE	RB:				
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:				
	5021 21st St Racine, WI 53406				INSURE	RD:				
	Racine, WI 33400				INSURE	RE:				
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	CLAIMS-MADE X OCCUR	х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
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<b>32</b> 1	City of Salinas 200 Lincoln Avenue Salinas, CA 93901				SHO THE ACC	EXPIRATION ORDANCE WI	I DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.		
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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	SUBROGATION IS WAIVED, subje his certificate does not confer rights t							require an en	aorsemen	t. AS	statement on
PRO	DUCER				CONTA NAME:	ст Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100								FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co			
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	lty Insurance	Compar	ıy	13027
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	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
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	Racine, WI 53406				INSURE	RE:					
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	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	ITED ccurrence)	\$	100,000 5,000
								MED EXP (Any on	e person)	\$	1,000,000
								PERSONAL & AD		\$	2,000,000
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	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY (	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (	Per accident)	\$	
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CERTIFICATE OF LIABILITY INSURANCE

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7/2/2021

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tl	is certificate does not confer rights to							require air end	or semien	i. A 3	atement on
PRO	DUCER				CONTAC NAME:	CT Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C. No):	877) 2	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.com	m		
						INS	URER(S) AFFOR	DING COVERAGE			NAIC #
					INSURE			ty Insurance (	Compan	v	13027
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	Diamond Transportation Sys	stem	Inc		INSURE	RC:					
	5021 21st St		,		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
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	CLAIMS-MADE X OCCUR	х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED (rrence)	\$	100,000
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	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
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CF	RTIFICATE HOLDER				CANO	ELLATION					
	City of Suffolk 440 Market St 2nd Floor Permits Office Suffolk, VA 23434				SHO THE ACC	ULD ANY OF T	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
	JUHUIK, VA 23434				B	- All	<b>5</b>				

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ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
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PRO	nis certificate does not confer rights to				CONTAINAME:	lorsement(s) <sup>CT</sup> Julie Klu		require an end			
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					<b>,</b>	,,	EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	100,000
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								PERSONAL & AD\	/ INJURY	\$	1,000,000
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
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	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
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	City of Tulare Engineering Division 411 E Kern Street Tulare, CA 93274				THE ACC	EXPIRATION	N DATE TH TH THE POLIC	DESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.			
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ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

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PRO	DUCER				CONTAC NAME:	CT Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C. No):	877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfinar	cialgroup.cor	n	· · · · ·	
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
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_	City of Ukiah 300 Seminary Ave Ukiah, CA 95482				SHO THE ACC	ULD ANY OF T	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
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# COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. The words "we", "us" and "our" refer to the company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section II – Who Is An Insured.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section  $\mathbf{V}$  – Definitions.

#### **SECTION I – COVERAGES**

# COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY

#### 1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:
  - (1) The amount we will pay for damages is limited as described in Section III – Limits Of Insurance; and
  - (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments – Coverages A and B.

- **b.** This insurance applies to "bodily injury" and "property damage" only if:
  - (1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";

- (2) The "bodily injury" or "property damage" occurs during the policy period; and
- (3) Prior to the policy period, no insured listed under Paragraph 1. of Section II Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.
- c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of Section II Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.
- d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of Section II Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:
  - (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;
  - (2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
  - (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.
- e. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time from the "bodily injury".

#### 2. Exclusions

This insurance does not apply to:

#### a. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.

#### b. Contractual Liability

"Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

- (1) That the insured would have in the absence of the contract or agreement; or
- (2) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement. Solely for the purposes of liability assumed in an "insured contract", reasonable attorneys' fees and necessary litigation expenses incurred by or for a party other than an insured are deemed to be damages because of "bodily injury" or "property damage", provided:
  - (a) Liability to such party for, or for the cost of, that party's defense has also been assumed in the same "insured contract"; and
  - (b) Such attorneys' fees and litigation expenses are for defense of that party against a civil or alternative dispute resolution proceeding in which damages to which this insurance applies are alleged.

#### c. Liquor Liability

"Bodily injury" or "property damage" for which any insured may be held liable by reason of:

- (1) Causing or contributing to the intoxication of any person;
- (2) The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or
- (3) Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in:

- (a) The supervision, hiring, employment, training or monitoring of others by that insured; or
- (b) Providing or failing to provide transportation with respect to any person that may be under the influence of alcohol:

if the "occurrence" which caused the "bodily injury" or "property damage", involved that which is described in Paragraph (1), (2) or (3) above.

However, this exclusion applies only if you are in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages. For the purposes of this exclusion, permitting a person to bring alcoholic beverages on your premises, for consumption on your premises, whether or not a fee is charged or a license is required for such activity, is not by itself considered the business of selling, serving or furnishing alcoholic beverages.

#### d. Workers' Compensation And Similar Laws

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

#### e. Employer's Liability

"Bodily injury" to:

- (1) An "employee" of the insured arising out of and in the course of:
  - (a) Employment by the insured; or
  - **(b)** Performing duties related to the conduct of the insured's business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies whether the insured may be liable as an employer or in any other capacity and to any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to liability assumed by the insured under an "insured contract".

#### f. Pollution

- (1) "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":
  - (a) At or from any premises, site or location which is or was at any time owned or occupied by, or rented or loaned to, any insured. However, this subparagraph does not apply to:
    - (i) "Bodily injury" if sustained within a building and caused by smoke, fumes, vapor or soot produced by or originating from equipment that is used to heat, cool or dehumidify the building, or equipment that is used to heat water for personal use, by the building's occupants or their guests;
    - (ii) "Bodily injury" or "property damage" for which you may be held liable, if you are a contractor and the owner or lessee of such premises, site or location has been added to your policy as an additional insured with respect to your ongoing operations performed for that additional insured at that premises, site or location and such premises, site or location is not and never was owned or occupied by, or rented or loaned to, any insured, other than that additional insured; or
    - (iii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire";
  - (b) At or from any premises, site or location which is or was at any time used by or for any insured or others for the handling, storage, disposal, processing or treatment of waste:
  - (c) Which are or were at any time transported, handled, stored, treated, disposed of, or processed as waste by or for:
    - (i) Any insured; or
    - (ii) Any person or organization for whom you may be legally responsible; or

- (d) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the "pollutants" are brought on or to the premises, site or location in connection with such operations by such insured, contractor or subcontractor. However, this subparagraph does not apply to:
  - (i) "Bodily injury" or "property damage" arising out of the escape of fuels. lubricants or other operating fluids which are needed to perform the normal electrical, hydraulic mechanical functions necessary for the operation of "mobile equipment" or its parts, if such fuels, lubricants or other operating fluids escape from a vehicle part designed to hold, store or receive them. This exception does not apply if the "bodily injury" or "property damage" arises out of the intentional discharge, dispersal or release of the fuels, lubricants or other operating fluids, or if such fuels, lubricants or other operating fluids are brought on or to the premises, site or location with the intent that they be discharged, dispersed or released as part of the operations being performed by such insured, contractor or subcontractor;
  - (ii) "Bodily injury" or "property damage" sustained within a building and caused by the release of gases, fumes or vapors from materials brought into that building in connection with operations being performed by you or on your behalf by a contractor or subcontractor; or
  - (iii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire".
- (e) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the operations are to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants".

- (2) Any loss, cost or expense arising out of anv:
  - (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
  - (b) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

However, this paragraph does not apply to liability for damages because of "property damage" that the insured would have in the absence of such request, demand, order or statutory or regulatory requirement, or such claim or "suit" by or on behalf of a governmental authority.

#### g. Aircraft, Auto Or Watercraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

- (1) A watercraft while ashore on premises you own or rent:
- (2) A watercraft you do not own that is:
  - (a) Less than 26 feet long; and
  - **(b)** Not being used to carry persons or property for a charge;
- (3) Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured;
- (4) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or

- (5) "Bodily injury" or "property damage" arising out of:
  - (a) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged; or
  - (b) The operation of any of the machinery or equipment listed in Paragraph f.(2) or f.(3) of the definition of "mobile equipment".

#### h. Mobile Equipment

"Bodily injury" or "property damage" arising out of:

- (1) The transportation of "mobile equipment" by an "auto" owned or operated by or rented or loaned to any insured; or
- (2) The use of "mobile equipment" in, or while in practice for, or while being prepared for, any prearranged racing, speed, demolition, or stunting activity.

#### i. War

"Bodily injury" or "property damage", however caused, arising, directly or indirectly, out of:

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

#### j. Damage To Property

"Property damage" to:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;
- (2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
- (3) Property loaned to you;

- (4) Personal property in the care, custody or control of the insured:
- (5) That particular part of real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations; or
- (6) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you for a period of seven or fewer consecutive days. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III – Limits Of Insurance.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs (3), (4), (5) and (6) of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph (6) of this exclusion does not apply to "property damage" included in the "products-completed operations hazard".

#### k. Damage To Your Product

"Property damage" to "your product" arising out of it or any part of it.

#### I. Damage To Your Work

"Property damage" to "your work" arising out of it or any part of it and included in the "productscompleted operations hazard".

This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor.

#### m. Damage To Impaired Property Or Property Not Physically Injured

"Property damage" to "impaired property" or property that has not been physically injured, arising out of:

- (1) A defect, deficiency, inadequacy or dangerous condition in "your product" or "your work"; or
- (2) A delay or failure by you or anyone acting on your behalf to perform a contract or agreement in accordance with its terms.

This exclusion does not apply to the loss of use of other property arising out of sudden and accidental physical injury to "your product" or "your work" after it has been put to its intended use.

# n. Recall Of Products, Work Or Impaired Property

Damages claimed for any loss, cost or expense incurred by you or others for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of:

- (1) "Your product";
- (2) "Your work"; or
- (3) "Impaired property";

if such product, work, or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it.

### o. Personal And Advertising Injury

"Bodily injury" arising out of "personal and advertising injury".

#### p. Electronic Data

Damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

However, this exclusion does not apply to liability for damages because of "bodily injury".

As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

# q. Recording And Distribution Of Material Or Information In Violation Of Law

"Bodily injury" or "property damage" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- (1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;
- (2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law:
- (3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transactions Act (FACTA); or

(4) Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

Exclusions **c.** through **n.** do not apply to damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in Section **III** – Limits Of Insurance.

# COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY

#### 1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "personal and advertising injury" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "personal and advertising injury" to which this insurance does not apply. We may, at our discretion, investigate any offense and settle any claim or "suit" that may result. But:
  - (1) The amount we will pay for damages is limited as described in Section III – Limits Of Insurance; and
  - (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments – Coverages A and B.

b. This insurance applies to "personal and advertising injury" caused by an offense arising out of your business but only if the offense was committed in the "coverage territory" during the policy period.

#### 2. Exclusions

This insurance does not apply to:

#### a. Knowing Violation Of Rights Of Another

"Personal and advertising injury" caused by or at the direction of the insured with the knowledge that the act would violate the rights of another and would inflict "personal and advertising injury".

#### b. Material Published With Knowledge Of Falsity

"Personal and advertising injury" arising out of oral or written publication, in any manner, of material, if done by or at the direction of the insured with knowledge of its falsity.

#### c. Material Published Prior To Policy Period

"Personal and advertising injury" arising out of oral or written publication, in any manner, of material whose first publication took place before the beginning of the policy period.

#### d. Criminal Acts

"Personal and advertising injury" arising out of a criminal act committed by or at the direction of the insured.

#### e. Contractual Liability

"Personal and advertising injury" for which the insured has assumed liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.

#### f. Breach Of Contract

"Personal and advertising injury" arising out of a breach of contract, except an implied contract to use another's advertising idea in your "advertisement".

#### g. Quality Or Performance Of Goods – Failure To Conform To Statements

"Personal and advertising injury" arising out of the failure of goods, products or services to conform with any statement of quality or performance made in your "advertisement".

#### h. Wrong Description Of Prices

"Personal and advertising injury" arising out of the wrong description of the price of goods, products or services stated in your "advertisement".

#### i. Infringement Of Copyright, Patent, Trademark Or Trade Secret

"Personal and advertising injury" arising out of the infringement of copyright, patent, trademark, trade secret or other intellectual property rights. Under this exclusion, such other intellectual property rights do not include the use of another's advertising idea in your "advertisement".

However, this exclusion does not apply to infringement, in your "advertisement", of copyright, trade dress or slogan.

#### j. Insureds In Media And Internet Type Businesses

"Personal and advertising injury" committed by an insured whose business is:

- (1) Advertising, broadcasting, publishing or telecasting;
- (2) Designing or determining content of web sites for others; or
- (3) An Internet search, access, content or service provider.

However, this exclusion does not apply to Paragraphs **14.a., b.** and **c.** of "personal and advertising injury" under the Definitions section.

For the purposes of this exclusion, the placing of frames, borders or links, or advertising, for you or others anywhere on the Internet, is not by itself, considered the business of advertising, broadcasting, publishing or telecasting.

#### k. Electronic Chatrooms Or Bulletin Boards

"Personal and advertising injury" arising out of an electronic chatroom or bulletin board the insured hosts, owns, or over which the insured exercises control.

#### I. Unauthorized Use Of Another's Name Or Product

"Personal and advertising injury" arising out of the unauthorized use of another's name or product in your e-mail address, domain name or metatag, or any other similar tactics to mislead another's potential customers.

#### m. Pollution

"Personal and advertising injury" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants" at any time.

#### n. Pollution-related

Any loss, cost or expense arising out of any:

- (1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or
- (2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

#### o. War

"Personal and advertising injury", however caused, arising, directly or indirectly, out of:

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

#### Recording And Distribution Of Material Or Information In Violation Of Law

"Personal and advertising injury" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- (1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;
- (2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law;
- (3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transactions Act (FACTA); or
- (4) Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

#### **COVERAGE C - MEDICAL PAYMENTS**

#### 1. Insuring Agreement

- **a.** We will pay medical expenses as described below for "bodily injury" caused by an accident:
  - (1) On premises you own or rent;
  - (2) On ways next to premises you own or rent; or
  - (3) Because of your operations;

#### provided that:

- (a) The accident takes place in the "coverage territory" and during the policy period;
- (b) The expenses are incurred and reported to us within one year of the date of the accident; and
- (c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.
- b. We will make these payments regardless of fault. These payments will not exceed the applicable limit of insurance. We will pay reasonable expenses for:
  - (1) First aid administered at the time of an accident;
  - (2) Necessary medical, surgical, X-ray and dental services, including prosthetic devices; and
  - (3) Necessary ambulance, hospital, professional nursing and funeral services.

#### 2. Exclusions

We will not pay expenses for "bodily injury":

#### a. Any Insured

To any insured, except "volunteer workers".

#### b. Hired Person

To a person hired to do work for or on behalf of any insured or a tenant of any insured.

#### c. Injury On Normally Occupied Premises

To a person injured on that part of premises you own or rent that the person normally occupies.

#### d. Workers' Compensation And Similar Laws

To a person, whether or not an "employee" of any insured, if benefits for the "bodily injury" are payable or must be provided under a workers' compensation or disability benefits law or a similar law.

#### e. Athletics Activities

To a person injured while practicing, instructing or participating in any physical exercises or games, sports, or athletic contests.

#### f. Products-Completed Operations Hazard

Included within the "products-completed operations hazard".

g. Coverage A Exclusions

Excluded under Coverage A.

# SUPPLEMENTARY PAYMENTS – COVERAGES A AND B

- We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:
  - a. All expenses we incur.
  - b. Up to \$250 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
  - c. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds.
  - d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$250 a day because of time off from work.
  - e. All court costs taxed against the insured in the "suit". However, these payments do not include attorneys' fees or attorneys' expenses taxed against the insured.
  - f. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

g. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.

These payments will not reduce the limits of insurance.

- 2. If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:
  - a. The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract";
  - **b.** This insurance applies to such liability assumed by the insured;
  - c. The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract";
  - d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interests of the insured and the interests of the indemnitee:
  - e. The indemnitee and the insured ask us to conduct and control the defense of that indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and
  - f. The indemnitee:
    - (1) Agrees in writing to:
      - (a) Cooperate with us in the investigation, settlement or defense of the "suit";
      - (b) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "suit";
      - (c) Notify any other insurer whose coverage is available to the indemnitee; and
      - (d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and
    - (2) Provides us with written authorization to:
      - (a) Obtain records and other information related to the "suit"; and
      - (b) Conduct and control the defense of the indemnitee in such "suit".

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Paragraph 2.b.(2) of Section I – Coverage A – Bodily Injury And Property Damage Liability, such payments will not be deemed to be damages for "bodily injury" and "property damage" and will not reduce the limits of insurance.

Our obligation to defend an insured's indemnitee and to pay for attorneys' fees and necessary litigation expenses as Supplementary Payments ends when we have used up the applicable limit of insurance in the payment of judgments or settlements or the conditions set forth above, or the terms of the agreement described in Paragraph f. above, are no longer met.

#### SECTION II - WHO IS AN INSURED

- **1.** If you are designated in the Declarations as:
  - a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
  - **b.** A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
  - c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
  - d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
  - **e.** A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.

- 2. Each of the following is also an insured:
  - a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:
    - (1) "Bodily injury" or "personal and advertising injury":
      - (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;
      - (b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph (1)(a) above;
      - (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph (1)(a) or (b) above; or
      - (d) Arising out of his or her providing or failing to provide professional health care services.
    - (2) "Property damage" to property:
      - (a) Owned, occupied or used by;
      - (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by;

you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

**b.** Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

- c. Any person or organization having proper temporary custody of your property if you die, but only:
  - (1) With respect to liability arising out of the maintenance or use of that property; and
  - (2) Until your legal representative has been appointed.
- d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.
- 3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
  - a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
  - b. Coverage A does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
  - c. Coverage B does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

#### SECTION III - LIMITS OF INSURANCE

- The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
  - a. Insureds:
  - b. Claims made or "suits" brought; or
  - **c.** Persons or organizations making claims or bringing "suits".
- **2.** The General Aggregate Limit is the most we will pay for the sum of:
  - a. Medical expenses under Coverage C;
  - b. Damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard"; and
  - c. Damages under Coverage B.

- 3. The Products-Completed Operations Aggregate Limit is the most we will pay under Coverage A for damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard".
- **4.** Subject to Paragraph **2.** above, the Personal And Advertising Injury Limit is the most we will pay under Coverage **B** for the sum of all damages because of all "personal and advertising injury" sustained by any one person or organization.
- **5.** Subject to Paragraph **2.** or **3.** above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of:
  - a. Damages under Coverage A; and
  - **b.** Medical expenses under Coverage **C** because of all "bodily injury" and "property damage" arising out of any one "occurrence".
- **6.** Subject to Paragraph **5.** above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage **A** for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner.
- 7. Subject to Paragraph 5. above, the Medical Expense Limit is the most we will pay under Coverage C for all medical expenses because of "bodily injury" sustained by any one person.

The Limits of Insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

# SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

#### 1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

# 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit

- a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
  - How, when and where the "occurrence" or offense took place;
  - (2) The names and addresses of any injured persons and witnesses; and

- (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.
- **b.** If a claim is made or "suit" is brought against any insured, you must:
  - (1) Immediately record the specifics of the claim or "suit" and the date received; and
  - (2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

- c. You and any other involved insured must:
  - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit":
  - (2) Authorize us to obtain records and other information:
  - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and
  - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.
- d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

#### 3. Legal Action Against Us

No person or organization has a right under this Coverage Part:

- To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- **b.** To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

#### 4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages **A** or **B** of this Coverage Part, our obligations are limited as follows:

#### a. Primary Insurance

This insurance is primary except when Paragraph **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **c.** below.

#### b. Excess Insurance

- (1) This insurance is excess over:
  - (a) Any of the other insurance, whether primary, excess, contingent or on any other basis:
    - (i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
    - (ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;
    - (iii) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or
    - (iv) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of Section I Coverage A Bodily Injury And Property Damage Liability.
  - (b) Any other primary insurance available to you covering liability for damages arising out of the premises or operations, or the products and completed operations, for which you have been added as an additional insured.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

- (3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and selfinsured amounts under all that other insurance.
- (4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

#### c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

#### 5. Premium Audit

- a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.
- b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.
- c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

#### 6. Representations

By accepting this policy, you agree:

**a.** The statements in the Declarations are accurate and complete;

- **b.** Those statements are based upon representations you made to us; and
- **c.** We have issued this policy in reliance upon your representations.

#### 7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- **b.** Separately to each insured against whom claim is made or "suit" is brought.

# 8. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

#### 9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

#### **SECTION V - DEFINITIONS**

- "Advertisement" means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:
  - a. Notices that are published include material placed on the Internet or on similar electronic means of communication; and
  - **b.** Regarding web sites, only that part of a web site that is about your goods, products or services for the purposes of attracting customers or supporters is considered an advertisement.

#### 2. "Auto" means:

- **a.** A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or
- **b.** Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

- However, "auto" does not include "mobile equipment".
- "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.
- **4.** "Coverage territory" means:
  - a. The United States of America (including its territories and possessions), Puerto Rico and Canada:
  - b. International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in Paragraph a. above; or
  - **c.** All other parts of the world if the injury or damage arises out of:
    - (1) Goods or products made or sold by you in the territory described in Paragraph a. above:
    - (2) The activities of a person whose home is in the territory described in Paragraph a. above, but is away for a short time on your business; or
    - (3) "Personal and advertising injury" offenses that take place through the Internet or similar electronic means of communication;

provided the insured's responsibility to pay damages is determined in a "suit" on the merits, in the territory described in Paragraph **a.** above or in a settlement we agree to.

- **5.** "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- "Executive officer" means a person holding any of the officer positions created by your charter, constitution, bylaws or any other similar governing document.
- 7. "Hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.
- 8. "Impaired property" means tangible property, other than "your product" or "your work", that cannot be used or is less useful because:
  - **a.** It incorporates "your product" or "your work" that is known or thought to be defective, deficient, inadequate or dangerous; or
  - **b.** You have failed to fulfill the terms of a contract or agreement;

if such property can be restored to use by the repair, replacement, adjustment or removal of "your product" or "your work" or your fulfilling the terms of the contract or agreement.

- 9. "Insured contract" means:
  - a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";
  - b. A sidetrack agreement;
  - c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
  - **d.** An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
  - e. An elevator maintenance agreement;
  - f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph **f.** does not include that part of any contract or agreement:

- (1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road-beds, tunnel, underpass or crossing;
- (2) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:
  - (a) Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - **(b)** Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or
- (3) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in (2) above and supervisory, inspection, architectural or engineering activities.

- 10. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- **11.**"Loading or unloading" means the handling of property:
  - After it is moved from the place where it is accepted for movement into or onto an aircraft, watercraft or "auto";
  - **b.** While it is in or on an aircraft, watercraft or "auto"; or
  - c. While it is being moved from an aircraft, watercraft or "auto" to the place where it is finally delivered:

but "loading or unloading" does not include the movement of property by means of a mechanical device, other than a hand truck, that is not attached to the aircraft, watercraft or "auto".

- **12.** "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
  - a. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
  - **b.** Vehicles maintained for use solely on or next to premises you own or rent;
  - **c.** Vehicles that travel on crawler treads;
  - **d.** Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
    - Power cranes, shovels, loaders, diggers or drills: or
    - (2) Road construction or resurfacing equipment such as graders, scrapers or rollers;
  - e. Vehicles not described in Paragraph a., b., c. or d. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
    - (1) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or
    - (2) Cherry pickers and similar devices used to raise or lower workers;
  - f. Vehicles not described in Paragraph a., b., c. or d. above maintained primarily for purposes other than the transportation of persons or cargo.

However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

- (1) Equipment designed primarily for:
  - (a) Snow removal;
  - (b) Road maintenance, but not construction or resurfacing; or
  - (c) Street cleaning;
- (2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- (3) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment.

However, "mobile equipment" does not include any land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

- **13.** "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.
- **14.** "Personal and advertising injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:
  - a. False arrest, detention or imprisonment;
  - b. Malicious prosecution;
  - c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
  - d. Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
  - e. Oral or written publication, in any manner, of material that violates a person's right of privacy;
  - **f.** The use of another's advertising idea in your "advertisement"; or
  - g. Infringing upon another's copyright, trade dress or slogan in your "advertisement".
- 15. "Pollutants" mean any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

- **16.** "Products-completed operations hazard":
  - a. Includes all "bodily injury" and "property damage" occurring away from premises you own or rent and arising out of "your product" or "your work" except:
    - (1) Products that are still in your physical possession; or
    - (2) Work that has not yet been completed or abandoned. However, "your work" will be deemed completed at the earliest of the following times:
      - (a) When all of the work called for in your contract has been completed.
      - (b) When all of the work to be done at the job site has been completed if your contract calls for work at more than one job site.
      - (c) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

- **b.** Does not include "bodily injury" or "property damage" arising out of:
  - (1) The transportation of property, unless the injury or damage arises out of a condition in or on a vehicle not owned or operated by you, and that condition was created by the "loading or unloading" of that vehicle by any insured;
  - (2) The existence of tools, uninstalled equipment or abandoned or unused materials: or
  - (3) Products or operations for which the classification, listed in the Declarations or in a policy Schedule, states that productscompleted operations are subject to the General Aggregate Limit.

#### 17. "Property damage" means:

- a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
- b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, electronic data is not tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

- 18. "Suit" means a civil proceeding in which damages because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies are alleged. "Suit" includes:
  - a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
  - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.
- 19. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or shortterm workload conditions.
- 20. "Volunteer worker" means a person who is not your "employee", and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work performed for you.

### 21. "Your product":

#### a. Means:

- (1) Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:
  - (a) You;
  - (b) Others trading under your name; or
  - (c) A person or organization whose business or assets you have acquired; and
- (2) Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.

#### b. Includes:

- (1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your product"; and
- (2) The providing of or failure to provide warnings or instructions.
- c. Does not include vending machines or other property rented to or located for the use of others but not sold.

#### 22. "Your work":

#### a. Means:

- Work or operations performed by you or on your behalf; and
- (2) Materials, parts or equipment furnished in connection with such work or operations.

#### b. Includes:

- (1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your work"; and
- (2) The providing of or failure to provide warnings or instructions.

**JKLUG** 

# ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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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**JKLUG** 

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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# **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

t	his certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coi	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSF LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		1			(MINUSER TOTAL)	(IIIIII DD/11111)	EACH OCCURRENC	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
	DTIEICATE HOLDED				CAN	CELL ATION					
<u>ue</u>	Cornerstone Logistics 85 Northpointe Parkway Suite 6 Amherst, NY 14228				SHC THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					B	the	<del>-</del>				

**JKLUG** 

ACORD®

# **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinaı	ncialgroup.cor	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance C	Compan	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	INOD	1111			(INITION DEFINITION	(MINI/DD/11111)	EACH OCCURRENC	CF.	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one p		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:								,	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iΕ	\$	
	AGTGG GNET							,		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
	DIIICATE LIOI DED				041	CLIATION					
CE	CORTEVA AGRISCIENCE 2300 INDUSTRIAL DRIVE				SHO THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
	Cairo, GA 39828				AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 

ACORD®

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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

ti	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su						
PRC	DUCER				CONTA NAME:	⊂ਾ Julie Klu	g			
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3		FA) (A/O	( C, No):(877	7) 254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	ss: jklug@jo	hnsonfina	ncialgroup.com	-,,- (	•
						INS	URER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	R A : Coving	ton Special	Ity Insurance Cor	npany	13027
INSU	JRED				INSURE	RB:				
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :				
	5021 21st St				INSURE	RD:				
	Racine, WI 53406				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBE	R:	
INSR	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	REQUI PER POLI	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH R BED HEREIN IS SUBJ	RESPECT ECT TO AI	TO WHICH THIS
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	1,000,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrent	\$	100,000
	92 92 92	_ ^		VBA703100		1/3/2021	IIIILULL	MED EXP (Any one person		5,000
								PERSONAL & ADV INJU		1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP		2,000,000
	OTHER:							THE SECTION SERVICES	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	IT \$	
	ANY AUTO							BODILY INJURY (Per per	rson) \$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per acc	cident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER C STATUTE E	OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPI	LOYEE \$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT \$	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1.55 4	ACCE	2404 Additional Benealts Colored	ıla məvit	o ottoobed if mare	o ongo la resert	rod)		
Cou	nty of Kane is additional insured as res	pects	S Gen	eral Liability.	s,ay b		p 10 104ull	,		
CE	RTIFICATE HOLDER				CANO	CELLATION				
<u> </u>	County of Kane	Dorn	nit Do	ant	SHO THE	OULD ANY OF	N DATE TH	ESCRIBED POLICIES IEREOF, NOTICE W CY PROVISIONS.		

ACORD 25 (2016/03)

41W011 Burlington Rd

Saint Charles, IL 60175

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AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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ti	nis certificate does not confer rights to							require an ene	20130111011	A s	natement on
PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): ( <b>∠७∠)</b> 3	321-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cc	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	R D :					
	Racine, WI 53406				INSURE	RE:					
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СО	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	'INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM	IP/OP AGG	\$ \$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
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	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	,	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC			
										<u>,                                      </u>	
DES Cou	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC nty of San Bernadino is Additional Insu	LES (A	ACORI	ວ 101, Additional Remarks Schedu pects General Liability.	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
-	County of San Bernadino 825 E 3rd Street San Bernardino, CA 92415				SHO THE ACC	OULD ANY OF T	N DATE TH TH THE POLIC	ESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.			
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·	REVISION NUMBER:  INSURED NAMED ABOVE FOR THE POLICY FOTHER DOCUMENT WITH RESPECT TO WHICH SCRIBED HEREIN IS SUBJECT TO ALL THE TLAIMS.  YEXP MYYY)  LIMITS  EACH OCCURRENCE \$ 1  DAMAGE TO RENTED PREMISES (Ea occurrence) \$	NAIC # 27 PERIOD CH THIS
INSURER A : Covington Special	REVISION NUMBER:  INSURED NAMED ABOVE FOR THE POLICY FOTHER DOCUMENT WITH RESPECT TO WHICH SCRIBED HEREIN IS SUBJECT TO ALL THE TLAIMS.  YEXP MYYY)  LIMITS  EACH OCCURRENCE \$ 1  DAMAGE TO RENTED PREMISES (Ea occurrence) \$	PERIOD CH THIS
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Diamond Transportation System Diane Dahse 5021 21st St Racine, WI 53406  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE II INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR O'CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAY  TYPE OF INSURANCE  ADDL SUBBR INSU WYD POLICY NUMBER  AND COMMERCIAL GENERAL LIABILITY  INSURER B:  INSURER B:  INSURER C:  INSURER D:  INSURER B:  INSURER C:  INSURER C:  INSURER C:  INSURER C:  INSURER C:  INSURER D:  INSURER D:  INSURER D:  INSURER C:  INSURER C:  INSURER C:  INSURER D:  INSURER C:  INSURER D:  I	REVISION NUMBER:  INSURED NAMED ABOVE FOR THE POLICY FOTHER DOCUMENT WITH RESPECT TO WHICH SCRIBED HEREIN IS SUBJECT TO ALL THE TOLICH	PERIOD CH THIS
Diamond Transportation System Diane Dahse 5021 21st St Racine, WI 53406  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE II INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR O'CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLASSING.  TYPE OF INSURANCE  ADDLISUBR INSURANCE POLICY NUMBER  ADDLISUBR INSURANCE POLICY NUMBER  ADDLISUBR POLICY NUMBER  AND COMMERCIAL GENERAL LIABILITY	INSURED NAMED ABOVE FOR THE POLICY FOTHER DOCUMENT WITH RESPECT TO WHICH SCRIBED HEREIN IS SUBJECT TO ALL THE TLAIMS.  Y EXP Y YYYY)  EACH OCCURRENCE \$ 1  DAMAGE TO RENTED PREMISES (Ea occurrence) \$	CH THIS
Diane Dahse 5021 21st St Racine, WI 53406  CERTIFICATE NUMBER:  INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE II INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR O' CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLA INSURANCE  ADDL SUBR POLICY NUMBER  TYPE OF INSURANCE  ADDL SUBR NOTICY NUMBER  ADDL SUBR NOTICY NUMBER  AND COMMERCIAL GENERAL LIABILITY	INSURED NAMED ABOVE FOR THE POLICY FOTHER DOCUMENT WITH RESPECT TO WHICH SCRIBED HEREIN IS SUBJECT TO ALL THE TLAIMS.  Y EXP Y YYYY)  EACH OCCURRENCE \$ 1  DAMAGE TO RENTED PREMISES (Ea occurrence) \$	CH THIS
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INSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER POLICY FFF (MM/DD/YYYY) (MM/DD/YYYY)  A X COMMERCIAL GENERAL LIABILITY	Y EXP	-,
A X COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ 1 DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
		100,000
	MED EXP (Any one person) \$	5,000
	1	1,000,000
OFNII ACODECATE LIMIT ADDI IFO DED.	PERSONAL & ADV INJURY   \$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC	GENERAL AGGREGATE 3	2,000,000
	PRODUCTS - COMPTOP AGG \$	· · ·
OTHER: AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT	
ANY AUTO	(Ea accident) \$  BODILY INJURY (Per person) \$	
OWNED AUTOS ONLY AUTOS	BODILY INJURY (Per accident) \$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident) \$	
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UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$	
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DED RETENTION\$	* S	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	PER OTH- STATUTE ER	
	E.L. EACH ACCIDENT \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$	
DECOMMINENT OF ENVIRONMENT	2.27.51.52.7.62.7.52.16.7.2.1111.7.4	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is Crane Worldwide is additional insured as respects General Liability.	is required)	
CERTIFICATE HOLDER CANCELLATION		
SHOULD ANY OF THE ABO		

**JKLUG** 



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

Diamond Transportation System, Inc.  Diamond Transportation System, Inc. SO21 21st St. Racine, W1 52406  Diamond Transportation System, Inc. SO21 21st St. Racine, W1 52406  COVERAGES  CERTIFICATE NUMBER: RIGHT MAY THAT THE POLICIES OF INSURANCE USITED BELOWN HAVE BEEN ISSUED TO THE INSURED NUMBER: INSURER 1: INSURER 2: INSURER 3: INSURER 3: INSURER 3: INSURER 4: INSURER 4: INSURER 4: INSURER 5: INSURER 6: INSURER 6	tł	nis certificate does not confer rights to	the	certi	ficate holder in lieu of su								
MOUNT Pleasant, WI S3406  MOUNT Pleasant, WI S3406  Damond Transportation System, Inc.  S021 21st St.  Racine, WI S3406  Damond Transportation System, Inc.  5021 21st St.  Racine, WI S3406  RAGINERS I.  RACINER	PRO	DUCER				CONTAC NAME:	<sup>⊂⊤</sup> Julie Klu	g					
Mount Pleasant, WI 53406    Mailbridge   March						PHONE (A/C, No	o, Ext): (262) 3	21-2326		(A/C, No):	(877)	254-8586	
INSURED BOURDAY TRANSPORTATION SYSTEM, Inc.    MISURER 9						E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m			
INSURED  Diamond Transportation System, Inc.  SO21 2 Ist St Racine, W1 52486  Recine, W1 52486  CERTIFICATE NUMBER:  REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: RE							INS	URER(S) AFFOR	RDING COVERAGE			NAIC #	
Diamond Transportation System, Inc.  Sign 21 sts 38  Racine, WI 53406  Racine, WI 53406  Recine, WI 53						INSURE	R A : Covingt	on Special	ty Insurance	Compan	ıy	13027	
SO21 21st St Racine, WI 53406    MSURER P.	INSU	IRED				INSURER B:							
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Racine, WI 53406    MISURER E   MISURER F				,									
COVERAGES  CERTIFICATE NUMBER:  REVISION NUMBER:  THIS IS 10 CERTIFY THAT THE POLICIPS OF INSURANCE LISTED BELOW HAVE BEANSQUED TO THE INQUIRED NAMED ABOVE FORD THE POLICY PERIOD MINICATED. NOTWITHSTANDING ANY RECURRENT. THAN IO CONDITION OF ANY CONTRACT OF OR OTHER DOLLOR PROTECT OF WHICH THIS SCERTIFICATE MAY BE ISSUED OF NAMY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITION OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN FORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADALICAMS.  AX COMMERCIAL GENERAL LIABILITY  AX COMMERCIAL GENERAL LIABILITY  CERTIFICATE LIMIT APPLIES PER:  X POLICY INC.		Racine, WI 53406				INSURER E :							
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A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CENT. AGGREGATE LIMIT APPLIES FER:  X POLICY CREAT LIMIT APPLIES FER:  X COMBINED SINGLE LIMIT CREATED AND							POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
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MED EXP (Any one person) \$ 5,000,000 PERSONAL & ADV PULITY \$ 1,000,000 PERSONAL & ADV PULITY \$ 1,000,000 PERSONAL & ADV PULITY \$ 2,000,000 PERSONAL & ADV PULITY (Per person) \$ 2,000,000 PERSONAL & ADV PULITY (Per person) \$ 3,000,000 PERSONAL & PULITY (PERSONAL & PULITY (PE		CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT	ED	·	100,000	
PERSONAL & ADV INJURY   \$ 1,000,000 GENERAL AGGREGATE   \$ 2,000,000 GENERAL AGGREGATE   \$ 3,000,000 GENERAL AGGREGATE   \$ 3,00												5,000	
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AUTHORIZED REPRESENTATIVE		Crowley Logistics 9487 Regency Square Blvd				SHO THE	ULD ANY OF 1	N DATE TH	EREOF, NOTICI				
		Jacksonville, FL 32225				AUTHO		NTATIVE					

**JKLUG** 

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

Joh 110 Moi	nis certificate does not confer rights for DUCER nson Insurance Racine 3 Hunter Dr Ste 100 Int Pleasant, WI 53406  Diamond Transportation Sy 5021 21st St Racine, WI 53406				CONTACT Julie Klug PHONE (A/C, No, Ext): (262) 321-2326  E-MAIL ADDRESS: jklug@johnsonfinancialgroup.com  INSURER(S) AFFORDING COVERAGE INSURER A: Covington Specialty Insurance Company INSURER B: INSURER C: INSURER C: INSURER C: INSURER F:  REVISION NUMBER:							
	VERAGES CEF	TIEL	~ A TE	NUMBER:								
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A	CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PECT LOC	X		VBA763180		7/3/2021	7/3/2022	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occu MED EXP (Any one PERSONAL & ADV GENERAL AGGREC PRODUCTS - COMI	person) INJURY GATE	\$ \$ \$ \$ \$	1,000,000 100,000 5,000 1,000,000 2,000,000 2,000,000	
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CE	RTIFICATE HOLDER  CTEC Holding Company, LL and all subsidiaries 7701 East 24 Highway Kansas City, MO 64125	.c			SHO THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICI Y PROVISIONS.				

**JKLUG** 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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t	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su									
PRO	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g						
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586		
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coi	m				
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #		
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027		
INS	JRED				INSURE	RB:							
	Diamond Transportation Sys	stem	. Inc.		INSURER C:								
	5021 21st St		•		INSURE	RD:							
	Racine, WI 53406				INSURER E :								
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CC	VERAGES CER	TIFIC	CATI	E NUMBER:	REVISION NUMBER:								
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INSF	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			LIMIT	s			
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JL	DAT Solutions, LLC 8405 SW Nimbus Ave Beaverton, OR 97008				SHC THE ACC	OULD ANY OF T	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.					
					1	the	=						

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ACORD®

# **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su									
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g						
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586		
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com	n				
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #		
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027		
INS	JRED				INSURER B:								
	Diamond Transportation Sys	stem			INSURER C:								
	5021 21st St				INSURE								
	Racine, WI 53406				INSURER E :								
					INSURER F:								
CO	VERAGES CER	TIFIC	CATI	E NUMBER:	REVISION NUMBER:								
11 C	HIS IS TO CERTIFY THAT THE POLICIENT INDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS		
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD	1			(MINUSER TOTAL)	(IIIIII DD/11111)	EACH OCCURRENC	CE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000		
								MED EXP (Any one p		\$	5,000		
								PERSONAL & ADV I	,	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000		
	OTHER:									\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$			
	ANY AUTO							BODILY INJURY (Pe	er person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION\$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
		N/A						E.L. EACH ACCIDEN		\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)					
	DTIEICATE UOI DED				CAN	CELL ATION							
<u>UE</u>	RTIFICATE HOLDER  Dedicated Logistics Inc 2900 Granada Lane North Oakdale, MN 55128				SHC	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.					
	Candale, MIN 33120				AUTHO	RIZED REPRESE	NTATIVE						

**JKLUG** 



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tŀ	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su									
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	ıg						
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326	(A/C, No):	(877)	254-8586			
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com					
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC #			
					INSURE	ıv	13027						
INSL	JRED				INSURER B:								
	Diamond Transportation Sy	etam	Inc		INSURER C :								
	5021 21st St	Sterri	, 1110.		INSURE								
	Racine, WI 53406				INSURE								
	VERAGES CER	TIEI	CATI	E NUMBER:	REVISION NUMBER:								
	HIS IS TO CERTIFY THAT THE POLICI				LIVILE B	EEN IQQUED T	TO THE INCLU		HE DO	JI ICA BEBIUD			
	IDICATED. NOTWITHSTANDING ANY F												
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,			
INSR			SUBR		DEEINI	POLICY EFF	POLICY EXP						
LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000			
^	CLAIMS-MADE X OCCUR			VD 4702400		<b>=</b> /0/0004	= 10 10000	DAMAGE TO RENTED	\$	100.000			
	CLAIMS-MADE A OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000			
								MED EXP (Any one person)	\$	1,000,000			
								PERSONAL & ADV INJURY	\$	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000			
	OTHER:							COMBINED SINGLE LIMIT	\$				
	AUTOMOBILE LIABILITY							(Ea accident)	\$				
	ANY AUTO							BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)					
Dee	re & Company, its subsidiaries and affil	iates	are r	named as additional insure	ed with	respect to its	General Liak	oility coverage.					
	DIFFICATE LIGHTER				041/	OFILIATION							
CE	RTIFICATE HOLDER				CANC	CELLATION							
					SHO	III D ANY OF T	THE AROVE D	ESCRIBED POLICIES BE C	ΔΝΩΕΙ	I I FD REFORE			
	Doors & Commons Incomes		aa sa 11 -		THE	EXPIRATION	N DATE TH	IEREOF, NOTICE WILL					
	Deere & Company Insurance PO Box 12010 - JD	e COI	npiia	ince	ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.					
	Hemet, CA 92546-8010												
	•				AUTHO	RIZED REPRESE	NTATIVE						

**JKLUG** 

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	nis certificate does not confer rights				ıch end	lorsement(s).					
	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	ınt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.coı	n		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	y	13027				
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem,	Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	Racille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUII	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	O WHICH THIS
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	เพอบ	WVD	. OLIO I HOMBEN		(ווואוואוואו)	(אוואיטטיאוואי)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	x		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED (rrence)	\$	100,000
		^						MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF	P/OP AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If ves. describe under							E.L. DISEASE - EA E			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC re & Company, Worldwide Supply Mana ility coverage.	CLES (A	ACORE	D 101, Additional Remarks Schedu D 105, Additional Remarks Schedu Logistics, its subsidiaries	ile, may b and aff	e attached if more	e space is requir med as addit	red) rional insured wit	th respec	t to its	s General
CE	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>	Deere & Company, Worldwi Logistics 3400 80th Street Moline, IL 61265	de Su	pply	Management &	SHO THE ACC	OULD ANY OF T	I DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
					1	-	<b>-</b>				

**JKLUG** 

ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	is certificate does not confer rights t				ıch end	lorsement(s).			O. Scilleri		tatomont on		
	DUCER	· <u> </u>	_			ст Julie Klu							
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	(877)	254-8586		
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coı	m		Т.		
							•	RDING COVERAGE			NAIC #		
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027		
INSU	IRED				INSURER B:								
	Diamond Transportation Sy	stem,	, Inc.		INSURER C:								
	5021 21st St Racine, WI 53406				INSURE	RD:							
					INSURER E :								
	V== 1 == 0				INSURE	RF:							
	VERAGES CEF HIS IS TO CERTIFY THAT THE POLICI			E NUMBER:		EEN ICCUED T		REVISION NUM		DO	LICY DEDICE		
C IN	IIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TO	WHICH THIS		
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY	INOD	****			(MINUDE/TTTT)	(MIND D/1111)	EACH OCCURRENC	CE	\$	1,000,000		
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000		
								MED EXP (Any one		\$	5,000		
								PERSONAL & ADV I	INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000		
	OTHER:									\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$			
	ANY AUTO							BODILY INJURY (Pe	er person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (PE		\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	, E	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$			
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$			
	DED   RETENTION \$							PER STATUTE	OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								ER	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		•			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$ \$			
	BESCHI HON OF OF ENAMONO BEIOW							E.E. DIOLAGE - I GE	JOT LIMIT	Ψ			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	red)					
					0437	SELLATION:							
CE	RTIFICATE HOLDER	CANC	ELLATION										
	Diamond Plastics Corp 1212 Johnstown Rd Grand Island, NE 68803				THE	EXPIRATION	I DATE TH	ESCRIBED POLIC IEREOF, NOTICE CY PROVISIONS.					
					AUTHO	RIZED REPRESEI	NTATIVE						

**JKLUG** 

ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su									
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g						
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586		
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		_		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #		
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027		
INS	JRED				INSURER B:								
	Diamond Transportation Sys	stem	, Inc.		INSURER C:								
	5021 21st St		•		INSURE	RD:							
	Racine, WI 53406				INSURER E:								
					INSURER F:								
CO	VERAGES CER	TIFIC	CATI	E NUMBER:	REVISION NUMBER:								
11 C	HIS IS TO CERTIFY THAT THE POLICIENT OF THE POLICIENT OF THE POLICIES OF MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SI	TH RESPE	CT TC	WHICH THIS		
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY	וועטט	1110			(MINI/DD/11111)	(1111)	EACH OCCURRENG		\$	1,000,000		
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT	ED	\$	100,000		
								MED EXP (Any one		\$	5,000		
								PERSONAL & ADV		\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000		
	OTHER:								70. 7.00	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$			
	ANY AUTO							BODILY INJURY (Pe	er person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$			
	ACTOC CITE							, , , , , ,		\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
								E.L. EACH ACCIDE		\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)					
	DTIEICATE HOLDED				CANIC	CILATION							
CE	RTIFICATE HOLDER  DuPont Pioneer Cairo Research Station 2300 Industrial Park Dr.				SHO THE ACC	EXPIRATION CORDANCE WI	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.					
	Cairo, GA 39828				AUTHO	RIZED REPRESE	NTATIVE						

**JKLUG** 

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

	f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to							require an end	dorsemen	t. As	tatement on
PRO	DDUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nnson Insurance Racine 03 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Special	Ity Insurance	Compar	ıy	13027
INS	URED				INSURE	RB:					
	Diamond Transportation Sys	tem	, Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Racille, WI 53400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NU			
II C	THIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSF	3	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α		шов				(MINI/DD/1111)	<u> </u>	EACH OCCURREN	ICE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	100,000
								MED EXP (Any one	e person)	\$	5,000 1,000,000
								PERSONAL & AD\		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - CON	MP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If ves, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES Duf	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Pont Pioneer is additional insured as res	o 101, Additional Remarks Schedu eral Liability.	ile, may b	e attached if mor	e space is requi	red)					
CE	RTIFICATE HOLDER				CANO	ELLATION					
	DuPont Pioneer 11329 Highway 70 PO Box 309		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Proctor, AR 72376				AUTHORIZED REPRESENTATIVE						

**JKLUG** 

ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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PRODUCER		CONTAI NAME:	ਾ Julie Klu	g					
Johnson Insurance Racine 1103 Hunter Dr Ste 100				PHONE (A/C, No	, Ext): (262) 3	21-2326	FAX (A/C, No ncialgroup.com	:(877)	254-8586
Mount Pleasant, WI 53406				ADDRE					
						• •	NDING COVERAGE	nv.	13027
INSURED						on Special	ty Insurance Compa	шу	13021
				INSURE					
Diamond Transportation S 5021 21st St	/stem	, Inc.		INSURE					
Racine, WI 53406				INSURE					
				INSURE					
COVERAGES CE	DTIE	CATE	NUMBER:	INSUKE	Kr.		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUCI	IES O REQU / PER	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLICI	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABOVE FOR R DOCUMENT WITH RESI ED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIN	ITS	
A X COMMERCIAL GENERAL LIABILITY					·····	······	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO	\$	2,000,000
OTHER:								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS							BODILY INJURY (Per acciden	:) <b>\$</b>	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MAD	E						AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)  If yes, describe under	, ,						E.L. DISEASE - EA EMPLOYE	E \$	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIECHO Lake Foods, Inc. is included addition	CLES (A	ACORE ured-	0 101, Additional Remarks Scheduvendor under the general	ile, may b Liability	e attached if morv r a on a prima	e space is requir iry/noncontri	ed) butory basis as require	d by wri	tten contract.
CERTIFICATE HOLDER				CANC	ELLATION				
Echo Lake Foods 316 W Grove St Burlington, WI 53105			SHO THE ACC	ULD ANY OF T	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.			

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cor	n		
						INS	URER(S) AFFOR	NDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance C	Compan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATI	E NUMBER:				REVISION NUM	IBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICIENT INTO THE POLICIENT IN THE POLICIENT I	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WIT	H RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY		.,,,,			,	<u>,</u>	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one p		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
		117.7						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
	RTIFICATE HOLDER				CANC	CELL ATION					
	EPES Logistics Services Inc PO Box 35884 Greensboro, NC 27425		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								
					B	the	<del>-</del>				

**JKLUG** 

ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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ti	is certificate does not confer rights to the subject of the subjec		ıch enc			require an end	dorsemen	t. A S	tatement on		
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	y	13027
INSU	IRED				INSURE	RB:					
	Diamond Transportation Sy	stem	1		INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	Nacille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NU			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	VCE TED	\$	1,000,000 100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - CON	MP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DEO	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		AOORI	o 101, Additional Remarks Schedu	ile, may s	e attached if inch	e space is requi				
CF	RTIFICATE HOLDER				CANCELLATION						
<u>OE</u>	Evans Delivery Co Inc PO Box 268 Pottsville, PA 17901				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						
						14					



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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t	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Specia	Ity Insurance	Compar	ıy	13027
INS	JRED				INSURE	RB:		•	-		
	Diamond Transportation Sy	stem	)		INSURE	R C :					
	Diane Dahse 5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CEF	TIFI	CATE	NUMBER:				REVISION NUI	MBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					(	<u> </u>	EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED surrence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM	P/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	GE	\$	
	AUTOS ONET							(i oi dooidoin)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES Exp	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC edited Transport LLC is additional insu	LES (	ACORI s res	o 101, Additional Remarks Schedu pects General Liability.	ile, may b	e attached if mor	e space is requi	red)			
	RTIFICATE HOLDER				CANIC	CELLATION					
<u>ve</u>	Expedited Transport LLC 200 Vestavia Parkway, Ste 1 Vestavia, AL 35216		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					AUTHO	RIZED REPRESE	NIAIIVE				



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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INSURED  Diamond Transportation S Diane Dahse 5021 21st St		CONTACT Julie Klug  AME: PHONE (A/C, No, Ext): (262) 321-2326  E-MAIL ADDRESS: jklug@johnsonfinancialgroup.com  INSURER(S) AFFORDING COVERAGE  INSURER A : Covington Specialty Insurance Company  INSURER B: INSURER C: INSURER D: INSURER E:								
Racine, WI 53406										
COVERAGES CE	RTIFI	CATE	NUMBER:	INSURE	KF:		REVISION NUI	MBER:		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAEXCLUSIONS AND CONDITIONS OF SUC	IES O REQU / PER	F INS IREMI	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLICI	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT TC	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	<b>x</b>		VBA763180		7/3/2021	7/3/2022	EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ MED EXP (Any one PERSONAL & ADV	ED urrence) person)	\$ \$ \$	1,000,000 100,000 5,000 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- DIFFER:  OTHER:							PRODUCTS - COM	P/OP AGG	\$	2,000,000
ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY							(Ea accident)  BODILY INJURY (P  BODILY INJURY (P  PROPERTY DAMA( (Per accident)	er person) er accident)	\$ \$ \$ \$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MAI	E						EACH OCCURREN AGGREGATE	CE	\$	
DED   RETENTION \$   WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   Y// ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)   If yes, describe under DESCRIPTION OF OPERATIONS below	] N/A						PER STATUTE E.L. EACH ACCIDE E.L. DISEASE - EA E.L. DISEASE - POI	EMPLOYEE	\$ \$ \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH FedEx Truckload Brokerage is Additional	CLES (	ACORE d with	D 101, Additional Remarks Schedu h respect to General Liabil	ile, may b ity	e attached if more	e space is requir	ed)			
FedEx Truckload Brokerag PO Box 5000 Green, OH 44232-5000			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							

**JKLUG** 

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD®

7/2/2021

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	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su						
	DUCER nson Insurance Racine					CT Julie Klu		FAY	··	
110	3 Hunter Dr Ste 100				(A/C, No	o, Ext): (202) 3			(877)	254-8586
Mo	ınt Pleasant, WI 53406				ADDRE			ncialgroup.com		1
					INCUE			RDING COVERAGE Ity Insurance Compar	NV	NAIC #
INISI	JRED				INSURE		on Special	ity ilisurance Compai	ıy	13021
	Diamond Transportation Sys	otom	Ina		INSURE					
	5021 21st St	Stem	, inc.		INSURE					
	Racine, WI 53406				INSURE					
					INSURE					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMPINED CINICI E LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$  WORKERS COMPENSATION							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ÉR	•	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS BEIOW							L.L. DISLAGE - FOLICT LIMIT	Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
	For Informational Purposes			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.			
						RIZED REPRESE	NTATIVE			

ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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ti	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	. Inc.		INSURE	R C :					
	5021 21st St		,		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUM	MBER:		•
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						······	EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$ \$	
	ANY AUTO							(Ea accident)  BODILY INJURY (Pe	or norson)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE.	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	OL .	\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	<u> </u>	
								E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI		\$	
										<u> </u>	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
<u>CE</u>	RTIFICATE HOLDER  G&M Transportation Service PO Box 177702 Irving, TX 75017	es LL	.c		CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED II ACCORDANCE WITH THE POLICY PROVISIONS.						
						RIZED REPRESE					

# ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

ti	nis certificate does not confer rights t				ıch enc	dorsement(s)		require an ene	10136111611	ii. A 3	natement on	
PRC	DUCER				CONTA NAME:	⊂ਾ Julie Klu	ıg					
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): ( <b>∠७∠)</b> 3	321-2326		FAX (A/C, No):	(877)	254-8586	
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m			
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #	
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ny	13027	
INSU	JRED				INSURE	RB:						
	Diamond Transportation Sy	stem	1		INSURE	R C:						
	5021 21st St				INSURE	RD:						
	Racine, WI 53406				INSURE	RE:						
					INSURE	RF:						
				E NUMBER:				REVISION NU				
	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F											
	ERTIFICATE MAY BE ISSUED OR MAY											
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F							
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s	4 000 000	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	currence)	\$	100,000	
								MED EXP (Any one	person)	\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGL	FIIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F		\$		
								BODILY INJURY (F		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUR									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	ICE	\$		
	DED RETENTION \$	1						AGGREGATE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	ER	\$		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA		-		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC				
	DESCRIPTION OF OFENANTONS BEIOW							E.E. DIOLAGE - I C	LIOT LIMIT	Ψ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
								ESCRIBED POLICIEREOF, NOTIC				
	Giltner Logistics Services Ir PO Box 5129	ıc						CY PROVISIONS.		-		
	Twin Falls, ID 83303											
		n rails, ID 63303					AUTHORIZED REPRESENTATIVE					

ACORD®

#### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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t	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coi	n		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFI	CATI	E NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIENT OF THE POLICIENT OF THE POLICIENT OF THE POLICIES OF MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSF	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD	1			(MINUSER TOTAL)	(IIIIII DD/11111)	EACH OCCURRENC	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I	,	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
	RTIFICATE HOLDER				CANCELLATION						
	Global Equipment Source, In 2587 Danbury Lane Highlands Ranch, CO 80126		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								
					B	the	<del>-</del>				

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

tl	SUBROGATION IS WAIVED, subjection is certificate does not confer rights of the succession of the subject of the				ıch end						
	nson Insurance Racine							FAX	(877)	254-8586	
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com	(011)	234-0300	
						INS	URER(S) AFFO	RDING COVERAGE		NAIC #	
					INSURE	R A : Coving	ton Special	Ity Insurance Compar	ıy	13027	
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Racine, W 33400				INSURE						
					INSURE	RF:					
				E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	ECT TO	O WHICH THIS	
E INSR	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR WVD		BEEN I	POLICY EFF	POLICY EXP				
LTR A		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000	
^	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							1050	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under	'						E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Global Specialized Services PO BOX 51608	s, LLC	:		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Casper, WY 82605				AUTHORIZED REPRESENTATIVE						

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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

lf tl	SUBROGATION IS WAIVED, subje nis certificate does not confer rights t	the cert	terms and conditions of ificate holder in lieu of su	the po	licy, certain   lorsement(s)	policies may	require an endorsemen	t. As	statement on		
PRO	DUCER				CONTA	CT Julie Klu	ıg				
	nson Insurance Racine				PHONE	o, Ext): (262) 3	321-2326	FAX (A/C No):	(877)	254-8586	
	3 Hunter Dr Ste 100 ınt Pleasant, WI 53406				E-MAIL	ss. jklug@jo	hnsonfina	ncialgroup.com	,		
	,				7.55.1.2			RDING COVERAGE		NAIC #	
					INSURE			ty Insurance Compan	V	13027	
INSU	JRED				INSURE		•				
	Diamond Transportation Sy	stem	. Inc.		INSURE	RC:					
	5021 21st St		,		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT T	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
		1						AGGREGATE	\$		
								PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								•		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICY LIMIT	Φ		
DES Gold	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC den Triangle Construction is additional	LES (A	ACORI red as	0 101, Additional Remarks Schedus respects General Liability	ile, may b	e attached if mor	e space is requi	ed)			
					0.000011.0000						
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Golden Triangle Construction 8555 Old Steubenville Pike Imperial, PA 15126	on			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I Y PROVISIONS.			
						RIZED REPRESE	NTATIVE				

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tl	is certificate does not confer rights				ıch end	lorsement(s).		require air cita	or semien	t. A3	tatement on
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.coı	m		Т.
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	IRED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Racille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NUM			
C IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(HINDD/1111)	\	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	TV	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	J 101, Additional Remarks Schedl	ile, may b	e attacned if more	e space is requir	ea)			
	DTIFICATE HOLDER				0451	SELLATION:					
UΕ	RTIFICATE HOLDER				CANCELLATION						
	Guided Logistics 56 W Maiden St Washington, PA 15301				THE	EXPIRATION	I DATE TH	ESCRIBED POLIC EREOF, NOTICE CY PROVISIONS.			
					AUTHO	RIZED REPRESEI	NTATIVE				



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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

this certificate does not confer rights to	o the	certi	ficate holder in lieu of su							
PRODUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	ıg				
Johnson Insurance Racine 1103 Hunter Dr Ste 100					o, Ext): (262) 3		F/	AX /C, No): (	877)	254-8586
Mount Pleasant, WI 53406				E-MAIL ADDRE	ss: jklug@jo	hnsonfina	ncialgroup.com			
					INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
				INSURE	R A : Coving	ton Special	ty Insurance Co	mpan	у	13027
INSURED				INSURE	R B :					
Diamond Transportation Sys	stem,	Inc.		INSURE	R C :					
5021 21st St	·			INSURE	RD:					
Racine, WI 53406				INSURE	RE:					
				INSURE	RF:					
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMB	ER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLIC	REME ΓΑΙΝ, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH ED HEREIN IS SUB	RESPE	CT TO	O WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,000
							MED EXP (Any one per	son)	\$	5,000
							PERSONAL & ADV INJ	URY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	ΓE	\$	2,000,000
X POLICY PRO- OTHER:							PRODUCTS - COMP/O		\$ \$	2,000,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT	\$	
ANY AUTO							BODILY INJURY (Per p	erson)	\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per a	ccident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION \$							DED		\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		\$	
If yes, describe under							E.L. DISEASE - EA EM		\$	
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICH H&E Equipment Services Inc. and Plant Sit	LES (A e Log	CORD	o 101, Additional Remarks Schedus, Inc. are additional insur	ıle, may b ed as re	e attached if mor espects Gene	re space is requir ral Liability.	red)	1		
CERTIFICATE HOLDER				CANC	CELLATION					
H&E Equipment Services Inc 1068 Harrisburg Pike Carlisle, PA 17013	: & PI	ant S	Site Logistics Inc	SHO THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES EREOF, NOTICE CY PROVISIONS.			

AUTHORIZED REPRESENTATIVE



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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.

t	nis certificate does not confer rights t				ıch enc	lorsement(s)		require an ene	10136111611	п. дз	tatement on
	DUCER					ст Julie Klu			T =		
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): ( <b>∠७∠)</b> 3	21-2326		(A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Special	ty Insurance	Compar	ıy	13027
INS	JRED				INSURE	R B :					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	NUMBER:				<b>REVISION NU</b>	MBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TC	WHICH THIS
INSR			SUBR		DELIVI	POLICY EFF (MM/DD/YYYY)			LIMIT	's	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	х	v	VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea occ		\$	100,000
		^	^			.,,,,,		MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per nerson)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	AUTOS ONLY AUTOS ONLY							(i el accident)		s s	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ť	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	•	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Equipment Services, Inc. is additional itional insureds applies to General Liab		ACORE	0 101, Additional Remarks Schedu ith respect to General Liak	<sub>ule,</sub> may b pility on	e attached if mor a primary no	e space is requi n-contributo	<sup>red)</sup> ry basis. A waiv	er of subr	rogatio	on in favor of
CE	RTIFICATE HOLDER				CANO	ELLATION					
	, <u> </u>										
	H&E Equipment Services, In 7500 Pecue Lane	c.			THE	EXPIRATION	N DATE TH	ESCRIBED POLIC IEREOF, NOTIC CY PROVISIONS.			
	Baton Rouge, LA 70809				AUTHO	RIZED REPRESE	NTATIVE				

ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

PRODUCER CON NAM	ndorsement(s)					
NAM	TACT Julie Klu	ıg				
Johnson Insurance Racine PHO	NE No, Ext): <b>(262)</b> 3			FAX (A/C. No):	(877)	254-8586
1103 Hunter Dr Ste 100  Mount Pleasant, WI 53406	IL jklug@jo	hnsonfina	ncialgroup.co	m		
	INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
INSU	RER A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
	RER B :	•		-		
Diamond Transportation System	RER C :					
E024 24 at 64	RER D :					
Racine. WI 53406	RER E :					
	RER F :					
COVERAGES CERTIFICATE NUMBER:			REVISION NUI	MBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN	ANY CONTRAG BY THE POLIC NREDUCED BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WI' BED HEREIN IS S	TH RESPE	CT TC	WHICH THIS
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY		,	EACH OCCURREN		\$	1,000,000
CLAIMS-MADE X OCCUR VBA763180	7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED currence)	\$	100,000
			MED EXP (Any one		\$	5,000
			PERSONAL & ADV	INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGRE	GATE	\$	2,000,000
X POLICY PRO- OTHER: LOC			PRODUCTS - COM	P/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY			COMBINED SINGLE	E LIMIT	\$	
ANY AUTO			(Ea accident)  BODILY INJURY (P	or poreon)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS			BODILY INJURY (P		\$	
HIRED NON-OWNED AUTOS ONLY NON-OWNED			PROPERTY DAMAG		\$	
AUTOS ONLY AUTOS ONLY			(Per accident)		\$	
UMBRELLA LIAB OCCUR			EAGU GOOUDDEN	05	\$	
EXCESS LIAB CLAIMS-MADE			EACH OCCURREN	CE	\$	
DED RETENTION\$			AGGREGATE		\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			PER STATUTE	отн-	Ф	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDE	ER	s	
OFFICER/MEMBER EXCLUDED?			E.L. DISEASE - EA		_	
(Mandatory in NH)			E.L. DISEASE - EA	EIVIPLOTEE	Э	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESC PURITION OF OPERATIONS below:			EL DICEACE DO	LICVIIMIT	<u>۴</u>	
			E.L. DISEASE - POI	LICY LIMIT	\$	
If ves. describe under			E.L. DISEASE - POI	LICY LIMIT	\$	
If ves. describe under			E.L. DISEASE - POI	LICY LIMIT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	y he attached if more	re snace is requi		LICY LIMIT	\$	
If ves. describe under	y be attached if mor	re space is requi		LICY LIMIT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	y be attached if mor	re space is requi		LICY LIMIT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	y be attached if mor	re space is requi		LICY LIMIT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	y be attached if mor	re space is requi		LICY LIMIT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	y be attached if mor	re space is requi		LICY LIMIT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	y be attached if mor	re space is requi		LICY LIMIT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, ma		re space is requi		LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, ma  CERTIFICATE HOLDER  CAI  SI  TH.	NCELLATION HOULD ANY OF THE EXPIRATION	THE ABOVE D		CIES BE C	ANCEL	

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	is certificate does not confer rights t		ıch enc			require an end	Jorsemen	t. A S	tatement on		
Joh	nson Insurance Racine					o, Ext): (262) 3			FAX	(877)	254-8586
	3 Hunter Dr Ste 100 int Pleasant, WI 53406				E-MAIL	o, ext): (202) 3	hnsonfina	ncialgroup.co	(A/C, No):\ 	011)	234-0300
	int ricusant, Wi 55-55				ADDRE			RDING COVERAGE			NAIC #
					INICUIDE		• •	Ity Insurance	Compan	v	13027
INSL	IRED				INSURE		оп ороска	ity iniourumoo	Compan		1.002.
	Diamond Transportation Sy	etam	Inc		INSURE						
	5021 21st St	310111	,	•	INSURE						
	Racine, WI 53406				INSURE						
					INSURE	RF:					
СО	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NU	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	VCE TED	\$	1,000,000 100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & AD\	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRODUCT LOC OTHER:							PRODUCTS - CON	MP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	o 101, Additional Remarks Schedu	не, тау ы	e attached il filor	e space is requi	leuj			
CF	RTIFICATE HOLDER				CANO	ELLATION					
<u> </u>	HIGH BALL TRUCKING PO BOX 80325 BILLINGS, MT 59108-0325				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						
					AUINU	LA LA	NIAIIVE				

ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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ti	nis certificate does not confer rights t							require air end	or serifici	ii. A 3	tatement on
PRC	DUCER				CONTA NAME:	ст Julie Klu	g				
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	3 Hunter Dr Ste 100 ınt Pleasant, WI 53406				E-MAIL	<sub>ss</sub> . jklug@jo	hnsonfinai	ncialgroup.co	m	` '	
	,				ADDILL			RDING COVERAGE			NAIC #
					INSURE			ty Insurance	Compar	ıv	13027
INSU	JRED				INSURE			.,		-,	
	Diamond Transportation Sy	ctom	Inc		INSURE						
	5021 21st St	Stein	i, iiic.	•	INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
	VERAGES CER	TIEI	CATI	E NUMBER:	INCORE			REVISION NUI	MRED.		
T IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	ES O REQU PER	F INS IREM TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT TC	WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY EFF (MM/DD/YYYY)					
LTR A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000
^	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE	FIIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (P	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	JE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ELES (	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mon	e space is requir	ed)			
CF	RTIFICATE HOLDER				CANC	ELLATION					
<u> JL</u>	Holt CAT PO Box 207916 San Antonio, TX 78220-7916	3			SHO THE ACC	ULD ANY OF 1	N DATE TH	ESCRIBED POLICIEREOF, NOTICITY PROVISIONS.			
						11-					

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su							
	DUCER					<sup>CT</sup> Julie Klu					
	nson Insurance Racine B Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		
						INS	URER(S) AFFOR	DING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem	ı		INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
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IN Cl	IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WIT	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02.01 (102.)		(IVIIVI/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occi	ED	\$	100,000
						1,0,2021		MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC		\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COM		\$	2,000,000
	OTHER:							FRODUCTS - COM	F/OF AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er nerson)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	•	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAC (Per accident)		\$	
	ACTOS GNET							(		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is requir	ed)			
CEI	RTIFICATE HOLDER				CANO	ELLATION					
	HQ SDDC 1 Soldier Way Scott Air Force Base, IL 622	25			THE	EXPIRATION	N DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
	, -				AUTHO	RIZED REPRESEI	NTATIVE				
						· H					

**JKLUG** 

## ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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ti	nis certificate does not confer rights t		ıch enc			require an en	uorsemen	t. A S	tatement on		
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C. No):	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om	•	
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	lty Insurance	Compan	ıy	13027
INSU	JRED				INSURE	R B :					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	<u> TIFI</u>	CAT	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRED DAMAGE TO REN PREMISES (Ea oc	VCE TED	\$	1,000,000 100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & AD\	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM	/IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (I	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORI	o 101, Additional Remarks Schedu	ile, may b	e attached il lifo	e space is requi	euj			
CF	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>	HubTrucker, Inc. 315 Freeport St. Suite B Houston, TX 77015				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						
						1/					

ACORD°

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	nis certificate does not confer rights t							require air ene	ioi seilleli	A 3	tatement on
PRC	DUCER				CONTA NAME:	ст Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	ACTOC CIVET							(* ** *********************************		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN / A	1					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CF	RTIFICATE HOLDER				CANC	ELLATION					
<u>OE</u>	ICCI International Commodi Carriers, Inc 2090 Commerce Dr Medford, OR 97504			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE							
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### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tl	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCE	R				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
		n Insurance Racine nter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	877)	254-8586
		leasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinaı	ncialgroup.con	n		
							INS	URER(S) AFFOR	DING COVERAGE			NAIC #
						INSURE	R A : Covingt	on Special	ty Insurance C	ompan	y	13027
INS	JRED					INSURE	RB:					
		Diamond Transportation Sys	stem	, Inc.		INSURE	RC:					
		5021 21st St				INSURE	RD:					
		Racine, WI 53406				INSURE	RE:					
						INSURE	RF:					
CC	VER	AGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	BER:		
II C	NDIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	DOCUMENT WIT	H RESPE	CT TC	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY					(2000)		EACH OCCURRENC		\$	1,000,000
		CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	100,000
									MED EXP (Any one p		\$	5,000
									PERSONAL & ADV II	NJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000
	X	POLICY PRO- LOC							PRODUCTS - COMP.	OP AGG	\$	2,000,000
		OTHER:									\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
		ANY AUTO							BODILY INJURY (Per	person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per	accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	=	\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	WOR	DED RETENTION \$							PER	OTH- ER	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE			
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$	
	If yes	s, describe under							E.L. DISEASE - EA E			
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)	'		
CE	RTIF	FICATE HOLDER				CANO	CELLATION					
		Internet Truckstop c/o Carrie (CIVS) PO BOX 370	er Ins	surar	nce Verification Services	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				AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 



#### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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tł	is certificate does not confer rights				ıch end	lorsement(s).		require air cita	JI SCIIICII	A 3	taternent on
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	877)	254-8586
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.coı	n		Т.
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Nacille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NUM			
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	requi Per	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(HINDD/1111)	\	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$ \$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DE:	DEPTION OF OPENATIONS (1 00 1 TIONS (1	 		1							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	,LEG (A	400KI	5 TOT, Auditional Remarks Schedu	ile, may b	e attached if mon	e space is requir	euj			
					0451	SELLATION:					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	J & J Logistics 16240 Foster St Stilwell, KS 66085			THE	EXPIRATION	I DATE TH	ESCRIBED POLIC EREOF, NOTICE CY PROVISIONS.				
					AUTHO	RIZED REPRESEI	NTATIVE				

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

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PROD					conta	ਾ Julie Klu	a				
	son Insurance Racine					, Ext): (262) 3		F	AX VG Nov. (8	877)	254-8586
	Hunter Dr Ste 100 at Pleasant, WI 53406				E-MAIL	se. iklua@io	hnsonfinar	ncialgroup.com	VC, No): (	<i></i>	234-0300
	,				ADDKL			DING COVERAGE			NAIC #
					INSURE		` '	ty Insurance Co	mpany	<b>/</b>	13027
INSUR	ED				INSURE	_	•				
	Diamond Transportation Sys	stem.	. Inc.		INSURE	RC:					
	5021 21st St	,	,		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
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COV	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMB	BER:		
INE CE	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUII PERT	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD			<b>5</b> 22.**	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	;	
	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIW/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurre		\$	100,000
								MED EXP (Any one per		\$	5,000
								PERSONAL & ADV INJ	IURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	ГЕ	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP/O	P AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMII	\$	
-	ANY AUTO							BODILY INJURY (Per p	person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per a	accident)	\$	
-	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
	LINES LA COMP									\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE		\$	
-	DED RETENTION\$							AGGREGATE		\$	
١	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	\$	
								E.L. EACH ACCIDENT		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EM		•	
l I	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	101, Additional Remarks Schedu	lle, may b	e attached if more	e space is requir	ed)			
CFR	TIFICATE HOLDER				CANC	ELLATION					
	FICATE HOLDER  Jacobson Companies PO Box 224 Des Moines, IA 50313					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE					

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t	his certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	inson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSF LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	מפאוו	****			(MIMI/DD/11111)	( <u>1111)</u>	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000
		^						MED EXP (Any one p		\$	5,000
								PERSONAL & ADV I	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:							11.020010 00	70. 7.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	BE	\$	
	AUTOS CINET							(i oi acoiaciii)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER STATUTE	OTH- ER	Ť	
								E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
DES Jeff	cription of operations / Locations / Vehicl erson Homebuilders are additional insu	LES (A	ACORI	D 101, Additional Remarks Scheduespect to General Liability	lle, may b & Auto	e attached if mor mobile Liaibil	e space is requir ity.	ed)			
	DTIEICATE HOLDED				CANIC	CILATION					
UE	Jefferson Homebuilders 501 North Main Street Culpeper, VA 22701				SHO THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					B	the	<del>-</del>				

**JKLUG** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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th	is certificate does not confer rights t	o the	certi	ficate holder in lieu of su							
PRO	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	ss: jklug@jo	hnsonfinar	ncialgroup.co	m	•	
								DING COVERAGE			NAIC #
					INSURE			ty Insurance	Compan	v	13027
INSL	RED				INSURE					•	
	Diamond Transportation Sy	etom	Inc		INSURE						
	5021 21st St	Steili	, 1110.		INSURE						
	Racine, WI 53406				INSURE						
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	VERAGES CER	TIEI	^ A T E	NUMBER:	INSUKL	жг.		REVISION NUM	ADED:		
	HIS IS TO CERTIFY THAT THE POLICE				HAVE B	EEN ISSUED T				HE DO	
	IDICATED. NOTWITHSTANDING ANY F										
	ERTIFICATE MAY BE ISSUED OR MAY							ED HEREIN IS S	UBJECT T	O ALL	THE TERMS,
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR WVD		BEEN						
A A	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT		1,000,000
^	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENT	CE	\$	100,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occi	urrence)	\$	
								MED EXP (Any one	person)	\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMI	P/OP AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	<u> </u>	
	AND EMPLOYERS' LIABILITY  Y/N  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below										
	DESCRIPTION OF OPERATIONS DEIDW							E.L. DISEASE - POL	LICT LIMIT	φ	
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORL	7101, Additional Remarks Schedu	ne, may b	e attached if mor	e space is requir	ea)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	JNI Logistics 2560 Roberts Rd				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICI Y PROVISIONS.			
	Medford, OR 97504				AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	nis certificate does not confer rights t				ıch end	lorsement(s).			J. Joinen		tatomont on
	DUCER					<sup>C⊤</sup> Julie Klu					
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		(A/C, No):	(877)	254-8586
	ınt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.coı	n		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Racine, W 33-400				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NUM			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(HINDD/1111)	\	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
		^						MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
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										\$	
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	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA E			
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POL	ICY LIMIT	\$	
DES Kee	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC In Transport is additional insured with r	CLES (A	ACORI ct to (	o 101, Additional Remarks Schedu General Liability.	lle, may b	e attached if more	e space is requir	ed)			
<u> </u>					CANC	SELLATION:					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Keen Transport 1951 Harrisburg Pike Carlisle, PA 17015				THE	EXPIRATION	I DATE TH	ESCRIBED POLIC IEREOF, NOTICE CY PROVISIONS.			
					AUTHO	RIZED REPRESEI	NTATIVE				

**JKLUG** 

## ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED IN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSR  TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER POLICY NUMBER POLICY EYP (MMM/DD/YYYY) (MM/DD/YYYY)  A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  VBA763180  7/3/2021  7/3/2022	COVERAGE NAIC # ISURANCE COMPANY 13027  ISION NUMBER: NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS
Mount Pleasant, WI 53406    E-MAIL ADDRESS: jklug@johnsonfinancia   INSURER(S) AFFORDING   INSURER A : Covington Specialty II   INSURER B : INSURER B : INSURER C : INSURER D : INSURER D : INSURER E : INSURER F : INSURER F : INSURER F : INSURER F : INSURER D : INSURER F : INSURER D : INSURER F : INSURER F : INSURER D : INSURER D : INSURER F : INSURER F : INSURER D : INSURER F : INSURER D : INSURER F : INSURER F : INSURER D : INSURER F : INSURER F : INSURER D : INSURER D : INSURER F	ISION NUMBER: NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS,  LIMITS HOCCURRENCE \$ 1,000,000 AGE TO RENTED \$ 100,000 MISSES (Ea occurrence) \$ 5,000 EXP (Any one person) \$ 5,000 SONAL & ADV INJURY \$ 1,000,000
INSURER A : Covington Specialty II  INSURER B :  Diamond Transportation System, Inc. 5021 21st St Racine, WI 53406  INSURER C : INSURER C : INSURER E : INSURER F :  COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED IN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURER B : INSURER C : INSURER C : INSURER D : INSURE D : INSURER D :	ISION NUMBER: NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS,  LIMITS HOCCURRENCE \$ 1,000,000 AGE TO RENTED \$ 100,000 MISSES (Ea occurrence) \$ 5,000 EXP (Any one person) \$ 5,000 SONAL & ADV INJURY \$ 1,000,000
Diamond Transportation System, Inc. 5021 21st St Racine, WI 53406  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED IN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURER B: INSURER C: INSURER C: INSURER C: INSURER D: INSURER B: INSURER C: INSURER C: INSURER C: INSURER C: INSURER D: INSURER B: INSURER C: INSURE CITE INSURER C: INSURER C	ISION NUMBER:  NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS,  LIMITS  H OCCURRENCE \$ 1,000,000 and the second security of the second security of the second security of the second sec
Diamond Transportation System, Inc.  5021 21st St Racine, WI 53406  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED INSURANCE AFFORDED BY THE POLICIES DESCRIBED INSURANCE AFFORDED BY THE POLICIES DESCRIBED INSURANCE AFFORDED BY PAID CLAIMS.  INSURER C: INSURE C: INSURER C: INSUR	NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS,
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Racine, WI 53406  Racine, WI 53406  RESULTS TO CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED IS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSURANCE ADDL SUBBR POLICY NUMBER POLICY EFF POLICY EXPENDED IN SUBBR POLICY EXPENDED IN SUBPRINGE POLICY EXPENDED IN SUBPRINCE POLICY EXPENDED IN SUBPRI	NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS,
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COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCCERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED IN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST. TYPE OF INSURANCE ADDL SUBR INSD WYD POLICY NUMBER POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)  A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  VBA763180  T/3/2021  T/3/2022	NAMED ABOVE FOR THE POLICY PERIOD CUMENT WITH RESPECT TO WHICH THIS HEREIN IS SUBJECT TO ALL THE TERMS,
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INSR TYPE OF INSURANCE ADDL SUBR NO. POLICY NUMBER POLICY EFF (MM/DD/YYYY)  A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  VBA763180  POLICY EFF (MM/DD/YYYY)  EAC  DAM PRE PRE	1,000,000   1,00
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR VBA763180 7/3/2021 7/3/2022 DAM PRE MED PER	1,000,000   1,00
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PER	SONAL & ADV INJURY \$ 1,000,000
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OFFICER/MEMBER EXCLUDED?     N / A	DISEASE - EA EMPLOYEE \$
If yes, describe under	DISEASE - POLICY LIMIT \$
DECOM TOTAL STEEL MICHOSON	, cele : Ellin , cele
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESC	RIBED POLICIES BE CANCELLED BEFORE DF, NOTICE WILL BE DELIVERED IN OVISIONS.

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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t	his certificate does not confer rights to	the	cert	ificate holder in lieu of su							
PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nnson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Special	ty Insurance (	Compan	y	13027
INS	URED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
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CC	OVERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NUM</b>	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSF LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MIM/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	100,000
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								PERSONAL & ADV I	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:								70. 7.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
	76166 61421							, , , , , , , , , , , , , , , , , , , ,		\$	
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	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES Kirk	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI by Smith Machinery Inc. and its affiliates	∟ES (/ are	ACORI name	0 101, Additional Remarks Schedu d as additional insured as	ıle, may b respec	e attached if mor ts to General	e space is requir Liability	red)			
	DTIEICATE HOLDED				CAN	CILATION					
UE	KITIFICATE HOLDER  Kirby Smith Machinery Inc. PO Box 270300 Oklahoma City, OK 73137				SHC THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					B	M	5				

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nnson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No): <b>(</b>	877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.con	n		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Special	ty Insurance C	ompan	у	13027
INS	URED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	OVERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	BER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSF			SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	 S	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MIM/DD/1111)	(WIW/DD/TTTT)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occur	D D	\$	100,000
		^	^					MED EXP (Any one p		\$	5,000
								PERSONAL & ADV IN		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/		\$	2,000,000
	OTHER:								0. 7.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Per	person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E '	\$	
	76166 61421									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
DES Kok	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Delco Construction Machinery USA, Inc i	ES (A	ACORI dition	O 101, Additional Remarks Schedu al insured as respects Gei	<sub>lle, may b</sub> neral Li	e attached if mor ability and a v	e space is requii waiver of sub	red) rogation applies.			
	DTIEICATE HOLDED				CANIC	CILATION					
<u>ue</u>	RTIFICATE HOLDER  Kobelco Construction Machi 22350 Merchants Way Katy, TX 77449	inery	, USA	A, Inc	SHO THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLICI EREOF, NOTICE CY PROVISIONS.			
					B	the	<del>-</del>				



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

	nis certificate does not confer rights to				ıch enc	dorsement(s)		require an end	JOI Semen	it. A S	tatement on
	DUCER nson Insurance Racine								FΔY		
110	3 Hunter Dr Ste 100				(A/C, No	o, Ext): (262) 3	321-2326		(A/C, No):	(877)	254-8586
Mo	unt Pleasant, WI 53406				ADDRE				om		
						TACT Julie Klug    FAX (A/C, No): (87   FAX (A/C, N					NAIC #
INICI	JRED						ton Specia	REVISION NUMBER:  IE INSURED NAMED ABOVE FOR TO RECOMPANY  RESCRIBED HEREIN IS SUBJECT TO CLAIMS.  ICY EXP DODYYYYY)  EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG  COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE AGGREGATE  PROPERTY DAMAGE (PER ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		ıy	13027
INS		-4									
	Diamond Transportation Sys	stem	, inc.								+
	Racine, WI 53406										
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NU	MBER:		
11 C	NDICATED. NOTWITHSTANDING ANY R	EQU PER POLI	IREME TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIE	R DOCUMENT W SED HEREIN IS S	ITH RESPE	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one	e person)	\$	5,000
								PERSONAL & ADV	/ INJURY	\$	1,000,000 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  PRO- LOC									1	2,000,000
	JECT L							PRODUCTS - CON	MP/OP AGG		2,000,000
	OTHER:  AUTOMOBILE LIABILITY								E LIMIT	1	
	ANY AUTO							1	Por noreon)	1	
	OWNED AUTOS ONLY SCHEDULED AUTOS										
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE.		
	AUTOS ONET							(r or decident)		1	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES	COURTION OF OBERATIONS / LOCATIONS / VEHIC	E9 /	ACORE	101 Additional Pomarks School	ılo may h	o attached if mor	o spaco is roqui	rod)			
The	Certificate Holder is Additional Insured	as r	espec	ts General Liability				.,			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Komatsu c/o Keen Logistics Attn: Don Cosby PO BOX 369				THE	EXPIRATION CORDANCE WI	N DATE TH TH THE POLIC	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.			
	New Kingstown, PA 17072				AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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PRO	buser does not confer rights t				CONTA	lorsement(s) <sup>CT</sup> Julie Klu		require an end			
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		(A/C, No):	(877)	254-8586
Moi	int Pleasant, WI 53406				ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
							• •	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	y	13027
INS	IRED				INSURE	R B :					
	Diamond Transportation Sy	stem	, Inc.	i	INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	rasins, in so iss				INSURE						_
					INSURE	RF:					
				E NUMBER:				REVISION NU			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					\	<u> </u>	EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	/ INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRODUCT LOC OTHER:							PRODUCTS - CON	MP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
								E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	J 101, Additional Remarks Schedi	ile, may b	e attached if mor	e space is requi	rea)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Kuehne & Nagel Inc Sharon Kiley 22 Spencer St Naugatuck, CT 06770				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						
					0	14					

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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IMPORTANT: If the contificate holder is an ADDITIONAL INSURED the nelicy/ice) must have ADDITIONAL INSURED provisions or he andersed

If	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain   lorsement(s)	policies may			
PROI	DUCER				CONTA	ст Julie Klu	ıg			
	nson Insurance Racine					o, Ext): (262) 3		FAX (A/C, No.	.(877)	254-8586
	B Hunter Dr Ste 100 nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss</sub> . jklug@jo	hnsonfina	ncialgroup.com		
	•							RDING COVERAGE		NAIC #
					INSURE	R A : Coving	ton Special	ty Insurance Compa	ny	13027
INSU	RED				INSURE	RB:	•		_	
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :				
	5021 21st St		,		INSURE	RD:				
	Racine, WI 53406				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN CE E)	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMPINED CINICIE LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident	) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If ves, describe under							E.L. DISEASE - EA EMPLOYE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Louisiana Department of Transportation is additional insured with respect to the General Liability.

**CERTIFICATE HOLDER** 

Louisiana Department of Transportation **Truck Permit Office** P.O. Box 94042 Baton Rouge, LA 70804

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

**JKLUG** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/2/2021

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tl	is certificate does not confer rights t				ıch end		•	require an end	orsemen	t. A S	tatement on
110	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326	ncialgroup.coi	FAX (A/C, No):	(877)	254-8586
WOU	ınt Pleasant, WI 53406				ADDRE				11		T
							` '	NDING COVERAGE	Samaan		NAIC #
INIOI	nen.						on Special	ty Insurance (	Jompan	ıy	13027
INSU	RED				INSURE						
	Diamond Transportation Sy 5021 21st St	stem	, Inc.		INSURE						+
	Racine, WI 53406				INSURE						
					INSURE						
	VERAGES CER	TIEI	^ A T I	NUMBER:	INSURE	KF:		REVISION NUM	ADED.		
T IN C	VEIN IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	ES O REQUI	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	TO THE INSUR OT OR OTHER ES DESCRIB	RED NAMED ABO'R DOCUMENT WIT	VE FOR T	CT TO	O WHICH THIS
INSR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIW/DD/TTTT)		EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	100,000
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MED EXP (Any one		\$	5,000
								PERSONAL & ADV I	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:							TROBUCTO COM	701 7100	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	βE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
								E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ELES (A	ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached if mon	e space is requir	ed)			
	RTIFICATE HOLDER				CANC	ELLATION					
<u>oe</u>	LV Shipping (USA) Inc 19051 Kenswick Dr. Ste 190A Humble, TX 77338				SHO THE ACC	ULD ANY OF 1	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					12	- JUN					



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	nis certificate does not confer rights t				ıch end	lorsement(s)		require an ene	10136111611	п. Аз	tatement on
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	RTIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC 7 THE POLICI	CT OR OTHER IES DESCRIB	R DOCUMENT WI SED HEREIN IS S	TH RESPE	ECT TO	WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F						
LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			VD 4 =00 400		=/0/0004	= 10 10000	DAMAGE TO REN		\$	100,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ		\$	5,000
								MED EXP (Any one		\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	X POLICY PRO- JECT LOC							GENERAL AGGRE		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							(Ea accident)		\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	IOL	\$	
	DED RETENTION\$							NOONEONIE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ţ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	•	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	•					E.L. DISEASE - EA		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Machine Control Technolog 210 Crouse Dr.	ies			THE	EXPIRATION	N DATE TH	ESCRIBED POLIC IEREOF, NOTIC CY PROVISIONS.			
	Corona, CA 92879				AUTHO	RIZED REPRESE	NTATIVE				



#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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

tl	nis certificate does not confer rights	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	ст Julie Klu	ıg				
	nson Insurance Racine				PHONE (A/C, No	o, Ext): (262) 3	321-2326		FAX (A/C, No):	877	) 254-8586
	3 Hunter Dr Ste 100 ınt Pleasant, WI 53406							ncialgroup.co			-
	•				7,55,1,2			RDING COVERAGE			NAIC #
					INSURE			ty Insurance	Compan	v	13027
INSI	JRED				INSURE						1.0021
			lna		INSURE						
	Diamond Transportation Sy 5021 21st St	Stelli	, inc.		INSURE						
	Racine, WI 53406										
					INSURE						
	VERAGES CEF	TIEI	^ A T E	E NUMBER:	INSURE	жг.		DEVISION NUM	IDED.		
	HIS IS TO CERTIFY THAT THE POLICI					EEN ICCLIED	TO THE INCH	REVISION NUM			OLICY PEDIOD
	NDICATED. NOTWITHSTANDING ANY F										
	ERTIFICATE MAY BE ISSUED OR MAY								UBJECT T	O AL	L THE TERMS,
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN F	POLICY EFF	POLICY EXP			_	
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENT		\$	100.000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	PREMISES (Ea occi	urrence)	\$	5,000
								MED EXP (Any one	person)	\$	
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
	OTHER:							0011011150 0111015		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA( (Per accident)	3E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	", "						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
Mac	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC omb County Department of Roads, it's illity.	cLES (appo	ACORE inted	0 101, Additional Remarks Schedu and elected officials, emp	ile, may b loyees	e attached if mor and voluntee	e space is requi rs are listed a	red) as additional ins	ured with	resp	ects to General
CE	RTIFICATE HOLDER				CANO	CELLATION					
UE	KIII IOATE HOLDER				CANC	<u> </u>					
	Macomb County Departmer Permits Department 117 South Groesbeck Highy		Roads	s	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

ACORD 25 (2016/03)

Mount Clemens, MI 48043

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**AUTHORIZED REPRESENTATIVE** 

This Endorsement Changes The Policy. Please Read It Carefully.

# BLANKET ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

#### **SCHEDULE**

#### Name of Additional Insured Person(s) or Organization(s):

Any person or organization whom you are required to add as an additional insured on this policy under a written contract which is currently in effect or becoming effective during the term of the policy and executed prior to the "bodily injury", "property damage", or "personal and advertising injury".

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) designated above.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to SECTION III Limits of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions of this policy remain unchanged.

Policy No.: VBA706391 00

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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.

	JBROGATION IS WAIVED, subject certificate does not confer rights to the				ıch end	lorsement(s)		require an endorse	ement.	A Sta	itement on
PRODUC						ст Julie Klu		l =av			
	on Insurance Racine unter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		, <sub>No):</sub> (8	77) 2	54-8586
Mount	Pleasant, WI 53406				ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinai	ncialgroup.com			
							• •	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Special	ty Insurance Con	npany	' '	13027
INSURED	)				INSURE	R B :					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	RD:					
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001/5					INSURE	RF:					
THIS	RAGES CER IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R FIFICATE MAY BE ISSUED OR MAY	ES O	F INS	ENT, TERM OR CONDITIO	N OF A	ANY CONTRAC	TO THE INSUF	R DOCUMENT WITH R	OR TH	T TO V	WHICH THIS
EXCL	USIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.	LD TIERCHIVIO OODOL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TIE TERMO,
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
AX	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	5	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence	;e) \$	5	100,000
								MED EXP (Any one perso	n) \$	5	5,000
								PERSONAL & ADV INJUR	RY \$	5	1,000,000
	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5	2,000,000
X	POLICY PRO- LOC OTHER:							PRODUCTS - COMP/OP	AGG \$		2,000,000
AL	TOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	IT \$	5	
	ANY AUTO							BODILY INJURY (Per per	son) \$	6	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per acc	ident) \$	6	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	6	
									\$	5	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		5	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5	
	DED RETENTION \$							DED	\$	5	
	ORKERS COMPENSATION D EMPLOYERS' LIABILITY Y / N							PER O STATUTE E	TH- R		
AN' OF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? andatory in NH)	N/A						E.L. EACH ACCIDENT			
lf v	es, describe under							E.L. DISEASE - EA EMPL			
DĚ	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	_IMIT   \$	5	
DESCRIP	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	) 101. Additional Remarks School	ile. mav h	e attached if mor	e space is requir	red)			
CERTI	FICATE HOLDER				CANO	CELLATION					
	Madera County Road Department 2037 W Cleveland Ave #D					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Madara CA 02627				LAUTHO	PIZED REPRESE	NTATIVE				

# ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

	nis certificate does not confer rights to			ıch enc	dorsement(s)		require an end	Jorsemen	it. A S	tatement on	
	DUCER nson Insurance Racine					CT Julie Klu			FΔY		
110	3 Hunter Dr Ste 100				(A/C, No	o, Ext): (262) 3	321-2326		(A/C, No):	(877)	254-8586
Mou	unt Pleasant, WI 53406				ADDRE			ncialgroup.co	)		
							• •	RDING COVERAGE	Campan		NAIC #
INICI	JRED						ton Special	Ity Insurance	Compar	ıy	13027
INSC		_4			INSURE						
	Diamond Transportation Sys	stem	, inc.		INSURE						+
	Racine, WI 53406				INSURE						
					INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W SED HEREIN IS S	ITH RESPE	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						•	EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	100,000 5,000
								MED EXP (Any one	•	\$	1,000,000
								PERSONAL & AD\		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000
	OTHER:							PRODUCTS - CON	/IP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							(Ea accident)  BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
	If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES Mag	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI INO International, LP is additional insure	LES (A	ACORE	D 101, Additional Remarks Scheduects General Liability.	ıle, may b	be attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	ERTIFICATE HOLDER  Magno International, LP 11014 NW 33rd St Ste 100 Doral, FL 33172					EXPIRATION	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.			
	Doiai, i L 33172				AUTHO	RIZED REPRESE	NTATIVE				

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	ст Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326	(A	AX VC, No):(	877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com			
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Special	ty Insurance Co	mpan	у	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem			INSURE	R C :					
	Diane Dahse 5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMB	BER:		
11 C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R PERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH ED HEREIN IS SUB	RESPE	CT TO	WHICH THIS
INSR	TVD= 05 W0UD 4 V05		SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY	שניוו	****			(AIIII)	\	EACH OCCURRENCE	Ï	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurre	ance)	\$	100,000
								MED EXP (Any one per		\$	5,000
								PERSONAL & ADV INJ		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/O		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT	\$	
	ANY AUTO							BODILY INJURY (Per p	person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		\$	
		II, A						E.L. DISEASE - EA EM	PLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$	
DES Mar	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI litowoc Crane Group and PSL are name	LES (A	ACORI addit	O 101, Additional Remarks Schedu ional insured under the Co	ile, may b mpreho	e attached if mor ensive Genera	e space is requir al Liability po	ed) Ilicy			
	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>	Manitowoc Crane Group & P 1068 Harrisburg Pike Carlisle, PA 17013	Logistics Inc	SHO THE ACC	OULD ANY OF T	N DATE TH	ESCRIBED POLICIE EREOF, NOTICE EY PROVISIONS.					
					B	the	=				

ACORD'

### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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t	his certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DDUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nnson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INS	URED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	OVERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUM	IBER:		
II C	THIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SI	TH RESPE	CT TC	WHICH THIS
INSF	7/75 05 1101/15 1105		SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	· <del>                                      </del>	11430	****			(MINI/DD/11111)	(1111)	EACH OCCURRENG		\$	1,000,000
	CLAIMS-MADE X OCCUR	х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:								70. 7.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$	
	AS TOO SHET							, , , , , ,		\$	
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
Cer	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC tificate holder is named as additional ins oility as their interest may appear.	LES (A	ACORI	D 101, Additional Remarks Schedu n respect to General	ule, may b	e attached if mor	e space is requir	ed)			
	EDTIFICATE HOLDER				CAN	CELL ATION					
CE	Marquardt Skyway Inc PO Box 1098 Yankton, SD 57078					EXPIRATION CORDANCE WI	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					AUTHO	RIZED REPRESE	NTATIVE				

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ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	nis certificate does not confer rights to		ıch enc			require an en	Jorsemen	t. A S	tatement on					
	nson Insurance Racine								FAX	(977)	251-9596			
110	3 Hunter Dr Ste 100 Int Pleasant, WI 53406				(A/C, No	o, Ext): (262) 3	hnsonfina	ncialgroup.co	(A/C, No):\	011)	254-8586			
IVIO	int Fleasant, WI 55400				ADDRE				<b>7111</b>		1			
							` '	RDING COVERAGE	Compon		13027			
INICI	IDED						ion Specia	Ity Insurance	Compan	ıy	13021			
INS	RED Diamond Transportation Sy	stem	1		INSURE						_			
	Diane Dahse				INSURE						_			
	5021 21st St				INSURE						_			
	Racine, WI 53406				INSURE						_			
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	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R													
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Α	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO REN	NCE TED	\$	100,000			
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	currence)	\$	5,000			
								MED EXP (Any one	e person)	\$	1,000,000			
								PERSONAL & AD\	/ INJURY	\$	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000			
	X POLICY PRO-							PRODUCTS - COM	/IP/OP AGG	\$	2,000,000			
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	AUTOMOBILE LIABILITY							(Ea accident)	-L LIIVIII	\$				
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	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (	Per accident)	\$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	NGE	\$				
										\$				
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$				
	DED RETENTION \$							DED	OTU	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$				
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)						
CE	RTIFICATE HOLDER				CANO	ELLATION								
	Maverick Logistics LLC PO Box 16024		THE	EXPIRATION	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.								
	Little Rock, AR 72231				AUTHO	RIZED REPRESE	NTATIVE							
						14								

**JKLUG** 

ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	nis certificate does not confer rights t				ıch end	lorsement(s).	,	require air cila	or semien	t. A 3	tatement on
	DUCER					ст Julie Klu					
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	(877)	254-8586
	ınt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
C IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	IIVOD	****			(MINIODITITI)	(1111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:								,	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (#	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is requir	ed)			
	DTIEICATE HOLDED				CANC	CELL ATION					
υE	RTIFICATE HOLDER				CANC	ELLATION					
	Maxim Crane Works LP 1225 Washington Pike Bridgeville, PA 15017				THE	EXPIRATION	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
				AUTHO	RIZED REPRESEI	NTATIVE					

**JKLUG** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsemen	t. As	statement on
	DDUCER					<sup>C⊤</sup> Julie Klu				
Joh	nson Insurance Racine					o, Ext): (262) 3		FAX	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com	011)	204 0000
								RDING COVERAGE		NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance Compan	y	13027
INS	URED				INSURE	RB:				
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:				
	5021 21st St Racine, WI 53406				INSURE	RD:				
	11451115, 111 55 155				INSURE					
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
II C	'HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC 'THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS
INSF	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					·····	······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS CINET							(i oi doordon)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (/	A C O P C	101 Additional Pomarke Schodu	ulo, may b	o attached if mor	o enaco le roquir	and)		
Мc	Cann Industries, Inc. is Additional Insure	d as	resp	ects General Liability.	, may D	o attacheu ii iiloli	o opace is requir	-u,		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	McCann Industries Inc 543 S Rohlwing Rd Addison, IL 60101			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Addison, in solid				AUTHOR	RIZED REPRESEI	NTATIVE			

**JKLUG** 

# ACORD®

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

PRO	nis certificate does not confer rights t				CONTA	lorsement(s) <sup>CT</sup> Julie Klu		require an end			
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		(A/C, No):	(877)	254-8586
Mo	ınt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
							• •	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	y	13027
INS	JRED				INSURE	R B :					
	Diamond Transportation Sy	stem	ı, Inc.	•	INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	11.00.100				INSURE						
					INSURE	RF:					
				E NUMBER:				REVISION NU			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRED DAMAGE TO REN PREMISES (Ea oc	NCE TED	\$	1,000,000 100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & AD\	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	MP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (I	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ille, may b	e attached if mor	e space is requi	rea)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
<u>UE</u>	McDonald Modular Solution 54500 Pontiac Trail Milford, MI 48381-4845			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							
						1/					

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD®

7/2/2021

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tr	ils certificate does not confer rights t	o tne	cert	ificate noider in lieu of su	icn end	iorsement(s).					
PRO	RODUCER ohnson Insurance Racine 103 Hunter Dr Ste 100					<sup>с⊤</sup> Julie Klu	g				
						o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss</sub> . jklug@jo	hnsonfina	ncialgroup.co			
	,				7,55,1,2			RDING COVERAGE			NAIC #
					INSURE		• •	Ity Insurance	Compar	v	13027
INSL	RFD				INSURE		оп ороски	ity iniculario	Compan		1002.
	Diamond Transportation Sy	-1	lna		INSURE						
	5021 21st St	Stem	i, ilic.		INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
	VERAGES CER	TIEI	CATE	E NUMBER:	INSUKL	жг.		REVISION NU	MDED.		
	HIS IS TO CERTIFY THAT THE POLICI				ΠV/Ε Β	EEN ISSUED T				HE DO	
IN C	INCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A A	X COMMERCIAL GENERAL LIABILITY	וואסט	****			(41141/DO/11111)	(דודושטיייוייין)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc		\$	100,000
		^				17072021		MED EXP (Any one		\$	5,000
								PERSONAL & AD\		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COM		\$	2,000,000
								PRODUCTS - CON	IP/OP AGG	\$ \$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$ \$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDI	ENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Leasing Ltd / Spitson Masonry Inc is a	LES (	ACORI	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)			
MCS	Leasing Ltd / Spitson Masonry Inc is a	ıdditi	onal i	insured as respects Gener	al Liabi	ility.					
CE	RTIFICATE HOLDER				CAN	CELLATION					
	MCS Leasing Ltd / Spitson I 1307 Lamb Rd Woodstock, IL 60098	nc	ACC	EXPIRATION CORDANCE WI	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.					
					AUTHO	RIZED REPRESEI	NIAIIVE				

# ACORD'

### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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

PRO	DUCER			CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	ıg					
	nson Insurance Racine B Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326			(877)	254-8586
VΙου	nt Pleasant, WI 53406				ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.com	<u>n</u>		
								RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Special	ty Insurance C	ompan	ıy	13027
INSU	RED				INSURE	R B :					
	Diamond Transportation Sys	stem			INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	R D :					
					INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NUM			N IOV DEDICE
IN	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WIT	H RESPE	CT TC	WHICH THIS
E.	(CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.				
NSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	X	X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu		\$	100,000
								MED EXP (Any one p	erson)	\$	5,000
								PERSONAL & ADV II	NJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMP	/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE	LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	LIIVIII	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe	r person)	\$	
	AUTOS ONLY AUTOS							BODILY INJURY (Pe			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	_	\$	
										\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENC	E	\$	
								AGGREGATE		\$	
	DED RETENTION \$  WORKERS COMPENSATION							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR (PARTMER) (EXECUTIVE TO A CONTROL OF A CONTROL							STATUTE	ĒR -	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA E			
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLI	CT LIMIT	φ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
	ficate Holder is listed as an Additional rers listed above agree to a Waiver of S				•	•					
IIJu	ers listed above agree to a waiver or o	, abi o	gatio	ii iii lavoi oi tile oei tilloate	riolac	٠.					
CE	RTIFICATE HOLDER				CANO	ELLATION					
								ESCRIBED POLICI EREOF, NOTICE			
	Menlo Worldwide Governme Contract Administration	ent Se	ervice	es LLC				Y PROVISIONS.		-	

2759 N Eola Rd Ste D Aurora, IL 60502

**AUTHORIZED REPRESENTATIVE** 

**JKLUG** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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PRODUCER				CONTA	- 1 11 171					
				NAME:	⊂ Julie Klu	ıg				
Johnson Insurance Racine 1103 Hunter Dr Ste 100				PHONE (A/C, No	, Ext): (262) 3	321-2326		FAX (A/C, No):	(877)	254-8586
Mount Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
					INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
				INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INSURED				INSURE	RB:					
Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
5021 21st St		•		INSURE	RD:					
Racine, WI 53406				INSURE	RE:					
				INSURE	RF:					
COVERAGES CEI	RTIFI	CATE	NUMBER:				<b>REVISION NU</b>	MBER:		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU ′ PER I POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN		\$	1,000,000
CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000
							MED EXP (Any one		\$	5,000
							PERSONAL & ADV	'INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
POLICY PROJECT LOC OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
ANY AUTO							BODILY INJURY (F	Per nerson)	\$	
OWNED SCHEDULED AUTOS							BODILY INJURY (F	•	\$	
HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
AUTOS ONLY AUTOS ONLY							(i di dodidoni)		\$	
UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
EXCESS LIAB CLAIMS-MADI	≣						AGGREGATE		\$	
DED RETENTION\$							7.00.11207.112		\$	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDE		\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	•					E.L. DISEASE - EA		\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	CLES (	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER				CANO	ELLATION					
Mercer Total Services 1030 W Main St Louisville, KY 40203			ACC	EXPIRATION	N DATE TH TH THE POLIC	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.				

**JKLUG** 

ACORD®

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

ti	buser does not confer rights to the buser of			CONTACT Julie Klug							
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
							• •	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	y	13027
INS	IRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	R D :					+
	rasins, in so iss				INSURE						_
					INSURE	RF:					
				E NUMBER:				REVISION NU			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						•	EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	Currence)	\$	100,000
								MED EXP (Any one	e person)	\$	5,000
								PERSONAL & AD\	/ INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER: LOC							PRODUCTS - COM		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	J 101, Additional Remarks Schedu	ille, may b	e attached if mor	e space is requi	rea)			
CF	RTIFICATE HOLDER				CANO	ELLATION					
~ =	Midland Transport Limited 100 Midland Dr Dieppe, NB E1A 6X4 CANADA			SHO THE ACC	OULD ANY OF T	N DATE TH TH THE POLIC	DESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.				
	VADA				ه ا	16					



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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

tł	is certificate does not confer rights t	o the	certi	ificate holder in lieu of su	ıch end	dorsement(s)					
PRO	DUCER				CONTA NAME:	⊂ਾ Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3		F	AX A/C, No):	877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	ss: jklug@jo	hnsonfina	ncialgroup.com			
						INS	SURER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Special	ty Insurance Co	ompan	у	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	NUMBER:				<b>REVISION NUME</b>	BER:		
IN C	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY SCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREME TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH SED HEREIN IS SUE	RESPE	CT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	100,000
								MED EXP (Any one pe	rson)	\$	5,000 1.000.000
								PERSONAL & ADV IN.		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  PRO- LOC							GENERAL AGGREGA		\$	2,000,000
	X POLICY PRO- DOTHER:							PRODUCTS - COMP/C	OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	IMIT	\$	
	ANY AUTO							BODILY INJURY (Per p	person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		\$	
	If ves. describe under							E.L. DISEASE - EA EM		\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD	101. Additional Remarks Schedu	ıle. mav b	e attached if mor	re space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
<u>ue</u>	Midwest Fiber Networks LLC 6070 N. Flint Road Glendale, WI 53209	C / Ca	ableC	Com LLC	SHO	OULD ANY OF	N DATE TH	ESCRIBED POLICIE IEREOF, NOTICE CY PROVISIONS.			

AUTHORIZED REPRESENTATIVE

**JKLUG** 

ACORD®

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

	nis certificate does not confer rights t				ıch enc	lorsement(s)		require an end	JOI Selliell	it. A S	tatement on
	DUCER					ст Julie Klu					
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		(A/C, No):	(877)	254-8586
Μοι	ınt Pleasant, WI 53406				ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
								RDING COVERAGE			NAIC#
							ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE						
	Diamond Transportation Sy 5021 21st St	stem	, Inc.		INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
CO	VERAGES CER	TIFI	CATE	E NUMBER:	INSUKL	жг.		REVISION NU	MRFR:		
T IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQU PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	RED NAMED ABO R DOCUMENT W BED HEREIN IS S	OVE FOR T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	, ,	EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000 5,000
								MED EXP (Any one		\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRO-   LOC							GENERAL AGGRE		\$	2,000,000
								PRODUCTS - COM	MP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							(Ea accident)  BODILY INJURY (F	Per nerson)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	NOTES ONE!									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES /	ACORE	101 Additional Pemarks School	ıla may h	e attached if mor	o enaco ie rogui	red)			
DES	ON THE OF OFERATIONS / LOCATIONS / VEHIC	(	ACORL	5 101, Additional Remarks Schedu	ne, may D	e attacheu ii inor	e apace is redui	ieu)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Miller Transfer PO Box 453		THE	EXPIRATION	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.					
	Rootstown, OH 44272				AUTHO	RIZED REPRESE	NTATIVE				

**JKLUG** 



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tł	is certificate does not confer rights				ıch end	lorsement(s).	,	require air cila	JI SCIIICII	t. A 3	tatement on			
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g							
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586			
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	n		_			
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #			
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	ıy	13027			
INSU	RED				INSURE	RB:								
	Diamond Transportation Sy	stem			INSURE	RC:								
	5021 21st St Racine, WI 53406				INSURE	R D :								
	Nacille, WI 33400				INSURE	RE:								
					INSURE	RF:								
				NUMBER:				REVISION NUM						
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s				
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(AIIII)	(mini/20/1111)	EACH OCCURRENC		\$	1,000,000			
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu			100,000			
								MED EXP (Any one		\$	5,000			
								PERSONAL & ADV I		·	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000			
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000			
	OTHER:									\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$				
	ANY AUTO							BODILY INJURY (Pe	er person)	\$				
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$				
										\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$				
	DED RETENTION \$									\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$				
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	iles (A	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	ed)						
					CANC	SELLATION:								
UE	RTIFICATE HOLDER				CANC	ELLATION								
	MIQ Logistics 11501 Outlook Dr Overland Park, KS 66211				THE	EXPIRATION	I DATE TH							
				AUTHO	RIZED REPRESE	NTATIVE			\$\begin{align*}  \text{100,000} \\  \text{5,000} \\  \text{5,000} \\  \text{5,000} \\  \text{5,000} \\  \text{5,000,000} \\  \text{5,000,000} \\  \text{5,000,000} \\  \text{5,000,000} \\  \text{5,000} \\   \text{5,000} \\  \text{5,000} \\  \text{5,000} \\  \text{5,000} \\  \text{5,000} \\  \text{5,000} \\  \text{5,000} \\  \text{5,000} \\   \text{5,000} \\     \text{5,000} \\   \qquad      \qquad   \qquad    \qquad \qquad \qu					

# ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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tl	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRO	DUCE	R				CONTA NAME:	<sup>с⊤</sup> Julie Klu	ıg				
		n Insurance Racine nter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
		Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
							INS	SURER(S) AFFOI	RDING COVERAGE			NAIC #
						INSURE	R A : Coving	ton Special	Ity Insurance	Compar	ıy	13027
INSU	IRED					INSURE	RB:					
		Diamond Transportation Sys	stem	, Inc.		INSURE	R C :					
		5021 21st St				INSURE	RD:					
		Racine, WI 53406				INSURE	RE:					
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СО	VER	AGES CER	TIFI	CATE	NUMBER:				<b>REVISION NUM</b>	MBER:		
IN C	IDICA ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TC	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR		DLLINI	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	•	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			\$	1,000,000
		CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED (	\$	100,000
					12/11/00/100		77072021	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MED EXP (Any one		\$	5,000
									PERSONAL & ADV		\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000
		OTHER:							TRODUCTO COM	1701 7100	\$	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
		ANY AUTO							BODILY INJURY (P	er person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P		\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
		7.0 . 0 0 0.12 .									\$	
		UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$									\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mar	ndatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIF	FICATE HOLDER				CANO	CELLATION					
		Mississippi Power Company Attn: David D. Powell 2908 28th St	/			THE	EXPIRATION	N DATE TH	ESCRIBED POLICI IEREOF, NOTICI CY PROVISIONS.			
		2908 28th St Gulfnort, MS 39502-4079				AUTHO	RIZED REPRESE	NTATIVE				

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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t	his certificate does not confer rights to	the	cert	ificate holder in lieu of su							
PRO	DDUCER		CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g						
	inson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cor	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Special	Ity Insurance C	ompan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT SED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSF LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MIM/DD/1111)	(IVIIVI/DUTTTT)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	D D	\$	100,000
		^						MED EXP (Any one p		\$	5,000
								PERSONAL & ADV II		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000
	OTHER:								,	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
	NOTES SINE!							, , , , , , , , , , , , , , , , , , , ,		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	ICY LIMIT	\$	
DES Mor	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ISANTO Company and its parents, subsid	ES (A	ACORI S and	O 101, Additional Remarks Schedu I affiliates is additional ins	ıle, may b sured w	e attached if mor ith respect to	e space is requir General Liak	red) bility.			
	DTIEICATE HOLDED				CANI	TELL ATION					
<u> </u>	RTIFICATE HOLDER  Monsanto Company and its parents, subsidiaries 800 N Lindbergh Saint Louis, MO 63167	iates	SHC THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLICI IEREOF, NOTICE CY PROVISIONS.					
	Janii Louis, MO 03107				B	· Att	<b>5</b>				

**JKLUG** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326	FAX (A/C	( 5, No): <b>(8</b>	77) 254	I-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com			
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	R A : Covingt	ton Special	ty Insurance Con	npany	13	3027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem			INSURE	R C :					
	Diane Dahse 5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBE	ER:		
11 C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH R ED HEREIN IS SUBJI	RESPEC	T TO WE	HICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MIM/DD/1111)	(IVIIVI/DUTTTT)	EACH OCCURRENCE	\$		1,000,000
	CLAIMS-MADE X OCCUR	х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence			100,000
								MED EXP (Any one person			5,000
								PERSONAL & ADV INJUI			1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE			2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP			2,000,000
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	IT \$		
	ANY AUTO							BODILY INJURY (Per per	rson) \$	;	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per acc		;	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	;	
	76166 61421							,	\$	;	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	;	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	;	
	DED RETENTION \$								\$	;	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER C STATUTE E	OTH- R		
								E.L. EACH ACCIDENT	\$	;	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPL	LOYEE \$	;	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY I	LIMIT \$	;	
DES Mor	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Ister Specialized is Additional Insured a	LES (A	ACORI pects	o 101, Additional Remarks Schedu s General Liability.	ile, may b	e attached if mor	e space is requii	red)			
	DTIEICATE HOLDED				CANC	CII ATION					
<u>UE</u>	Monster Specialized 659 Lacy Road Henagar, AL 35978					EXPIRATION	N DATE TH	ESCRIBED POLICIES IEREOF, NOTICE W CY PROVISIONS.			
	-				AUTHO	RIZED REPRESE	NTATIVE				

# ACORD'

### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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tl	nis certificate does not confer rights t							require air ene	2013011011	A .	tatement on
PRC	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	ıg				
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	3 Hunter Dr Ste 100 ınt Pleasant, WI 53406				E-MAIL ADDRE	ss: jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	IRED				INSURE	RB:					
	Diamond Transportation Sy	stem	1		INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CAT	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	'INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- LOC OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	ENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	,,,						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	O 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
CF	RTIFICATE HOLDER				CANO	ELLATION					
<b>~</b>	Mulino Trading Group 16570 SE McLoughlin Blvd Oak Grove, OR 97267			SHO THE ACC	ULD ANY OF T	N DATE TH TH THE POLIC	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.				
						1/					

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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ti	his certificate does not confer rights t							require an ene	ioi seilleli	A s	natement on
PRC	DDUCER				CONTA NAME:	ст Julie Klu	g				
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRE	ss: jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	ı. Inc.		INSURE	R C :					
	5021 21st St		,		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СС	VERAGES CEF	RTIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM RTAIN, ICIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	NOTOS GNET									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	:NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7	`					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	iles (	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Mulino Trading, LLC DBA: Mulino Trading Group PO BOX 1419 Molalla, OR 97038			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Wicialia, UK 9/030				701110	RIZED REPRESE					



### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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

this certificate does not confer rights to				ıch enc	lorsement(s)		require air endorsemer	п. д	statement on
PRODUCER				CONTA NAME:	⊂ਾ Julie Klu	g			
Johnson Insurance Racine 1103 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (∠७∠) 3	21-2326	FAX   (A/C, No):	(877)	254-8586
Mount Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com		
							RDING COVERAGE		NAIC #
				INSURE	R A : Coving	on Special	ty Insurance Compai	ny	13027
Diamond Transportation Sys	otom			INSURE	R B :				+
Diane Dahse	stem			INSURE	R C :				
5021 21st St				INSURE	RD:				
Racine, WI 53406				INSURE					
				INSURE	RF:				
			E NUMBER:	LIAN/E D	EEN IOOUED 3		REVISION NUMBER:		01107/ DEDIOD
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPI	ECT TO	O WHICH THIS
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs	4 000 000
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	5,000 1,000,000
							PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:							COMBINED SINGLE LIMIT	\$	
ANY AUTO							(Ea accident)	\$	
OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$	
HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$							- NOONLONIE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	lle, may b	e attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER				CANIC	CELLATION				
Nationwide Transport Servic 4603 NE St Johns Blvd Ste A Vancouver, WA 98661		nc		SHO	OULD ANY OF T	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		

ACORD 25 (2016/03)

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**AUTHORIZED REPRESENTATIVE** 



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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	ils certificate does not comer rights to	o tile	Certi	incate noticer in neu or su						
PRODUCER Johnson Insurance Racine 1103 Hunter Dr Ste 100				ст Julie Klu						
						o, Ext): (202) 3			(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com		
						INS	URER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE			Ity Insurance Compar	ıv	13027
INS	JRED				INSURE					
	Diamond Transportation Sys	stom	Inc		INSURE					
	5021 21st St	Stelli	, 1116.		INSURE					
	Racine, WI 53406									+
					INSURE					+
	VED 4 050	TIE12			INSURE	:K F :		DEL//OLON NUMBER		
			_	NUMBER:				REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIENTICATED. NOTWITHSTANDING ANY R									
	ERTIFICATE MAY BE ISSUED OR MAY									
	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F			I		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							TROBUCTO COIVILTOL AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS								\$	
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
								AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Certificate Holder is Named as Addition	LES (A	ACORE	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requi	red)		
	Certificate Holder is Named as Addition	iai ins	surec	as respects General						
CE	RTIFICATE HOLDER				CANC	ELLATION				
UL	ITH IOATE HOLDER				CAIN	/LLLA HON				
					SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE C	ANCE	LLED BEFORE
	NES Rentals Holdings, Inc a	nd al	ll sub	sidiaires	THE	EXPIRATION	DATE TH	IEREOF, NOTICE WILL	BE D	ELIVERED IN
	8/20 W Bryn Mawr Ave # 31		. Jub		ACC	OKDANCE WI	IH THE POLIC	CY PROVISIONS.		

Chicago, IL 60631

AUTHORIZED REPRESENTATIVE

**JKLUG** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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ti	is certificate does not confer rights t				ıch enc			require an end	uorsemen	t. A S	tatement on
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C. No):	(877)	254-8586
	3 Hunter Dr Ste 100 Int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INSU	IRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRENT DAMAGE TO REN' PREMISES (Ea occ	NCE TED	\$	1,000,000 100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- DECT LOC							PRODUCTS - COM	MP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	o 101, Additional Remarks Schedu	не, шау ы	e attached ii iiloi	e space is requi	euj			
CF	RTIFICATE HOLDER				CANO	ELLATION					
<u> </u>	NMC Transport LLC 11002 Sapp Brothers Dr Omaha, NE 68138			SHO THE ACC	ULD ANY OF 1	N DATE TH TH THE POLIC	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.				
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# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	is certificate does not confer rights				ıch end	lorsement(s).	,		O. Scilleri		tatoment on
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		Т.
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	IRED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	Racille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
C IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	requi Per	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(AIIII)	(mini/20/1111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORI	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	ed)			
	RTIFICATE HOLDER				CANC	YELL ATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	North America Transport Sy PO Box 390996 Keauhou, HI 96739	С	THE	EXPIRATION	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.					
					AUTHO	RIZED REPRESEI	NTATIVE				

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ACORD

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tł	is certificate does not confer rights t				ıch end	lorsement(s).	,	require air cila	or semien	t. A 3	tatement on
	DUCER				CONTA NAME:	<sup>CT</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem,	, Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Nacilie, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(11111)	(mini/20/1111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	ed)			
<u></u>	DTIEICATE HOLDED				CANC	CI I ATION					
υE	RTIFICATE HOLDER				CANC	ELLATION					
	Nortrax 4343 NW 77th Ave Miami, FL 33166				THE	EXPIRATION	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					AUTHORIZED REPRESENTATIVE						



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, 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 liqu of such and respect to the

	nis certificate does not confer rights t							require an end	iorsemen	t. A S	statement on	
PRC	DUCER				CONTA	ст Julie Klu	g					
	nson Insurance Racine					o, Ext): (262) 3			FAX	(877)	254-8586	
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL	ss. jklug@jo	hnsonfina	ncialgroup.co	m	(,		
	,				ADDICE			RDING COVERAGE			NAIC #	
					INSURE		` '	Ity Insurance	Compan	ıv	13027	
INSU	JRED				INSURE		•	•	•			
	Diamond Transportation Sy	stem	Inc		INSURE							
	5021 21st St	0.0	,		INSURE							
	Racine, WI 53406				INSURE	RE:						
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II C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY						<u> </u>	EACH OCCURREN	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED (surrence)	\$	100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	X POLICY PRO- DECT LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	AS TO SOLET									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
The	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder is Named as Additional Certificate Holder is Named as Additional	LES (A	ACORE SUREC	D 101, Additional Remarks Schedu d as respects General	ıle, may b	e attached if mor	e space is requir	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
	Norwesco Inc 4365 Steiner Street St. Bonifacius, MN 55375				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC IEREOF, NOTIC CY PROVISIONS.			-	
	,				AUTHORIZED REPRESENTATIVE							

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### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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tl	is certificate does not confer rights t			ıch enc	lorsement(s)		require an en	Jorsemen	t. A S	tatement on	
	DUCER nson Insurance Racine					CT Julie Klu			FAX	(077)	254 0500
110	3 Hunter Dr Ste 100				(A/C, No	o, Ext): (262) 3	hneonfina	ncialgroup.co	(A/C, No):	8//)	254-8586
WOU	ınt Pleasant, WI 53406				ADDRE				<b>7111</b>		T
							• •	RDING COVERAGE	Campan		NAIC #
INIOI	IDED.						ion Specia	Ity Insurance	Compan	ıy	13027
INSU	IRED				INSURE						_
	Diamond Transportation Sy 5021 21st St	stem	, Inc.		INSURE						_
	Racine, WI 53406				INSURE						_
					INSURE						_
	VED 4 0 E 0	TIE1	~ A TI	- NUMBER.	INSURE	:K F :		DEVICION NU	MDED:		
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	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F										
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	ES DESCRIE	ED HEREIN IS			
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F	POLICY EFF	PAID CLAIMS POLICY EXP				
LTR A	I THE OF INSURANCE	INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	1,000,000
^	X COMMERCIAL GENERAL LIABILITY			VD 4 =00 400		=/0/0004	= 10 10000	DAMAGE TO REN	NCE TED	\$	100,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc		\$	5,000
								MED EXP (Any one	e person)	\$	1,000,000
								PERSONAL & AD\	/ INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COM	MP/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGL	FIIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (I	Per person)	\$	
	OWNED SCHEDULED AUTOS HIBED NON OWNED							BODILY INJURY (I	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
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	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Omni Logistics 921 Bethel Rd Blvd Ste 201 Coppell, TX 75019				THE	EXPIRATION	N DATE TH	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.			
	ооррон, 17 10010				AUTHO	RIZED REPRESE	NTATIVE				
						14-					



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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PRO	DUCER				CONTA NAME:	<sup>CT</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		(A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cc	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Specia	Ity Insurance	Compan	ıy	13027
INSU	IRED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
II C	ERTIFICATE MAY BE ISSUED OR MAY	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	TERM OR CONDITION OF ANY CONTRACT OR ( INSURANCE AFFORDED BY THE POLICIES DE IS SHOWN MAY HAVE BEEN REDUCED BY PAID CI			R DOCUMENT WI BED HEREIN IS S	CT TO	O WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one	person)	\$	5,000
								PERSONAL & ADV	'INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	Y POLICY PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$ \$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
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	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES Omi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ni Specialized, LLC is additional insured	LES (A	ACORI n resp	of 101, Additional Remarks Schedu Dect to General Liability.	lle, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Omni Specialized, LLC PO Box 7315 Springfield, IL 62791-7315		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								
					l -	1/					



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
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tl	nis certificate does not confer rights t							require an ene	10136111611	A 3	tatement on		
PRC	DUCER				CONTA NAME:	ст Julie Klu	g						
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586		
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m				
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #		
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027		
INSU	JRED				INSURE	RB:							
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :							
	5021 21st St				INSURE	R D :							
	Racine, WI 53406				INSURE	RE:							
					INSURE	RF:							
CO	VERAGES CER	TIFI	CATI	E NUMBER:	REVISION NUMBER:								
II C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN		\$	1,000,000		
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	TED currence)	\$	100,000		
								MED EXP (Any one		\$	5,000		
								PERSONAL & ADV	INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000		
	X POLICY PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$			
	ANY AUTO							BODILY INJURY (F	er person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F		\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	,,,						E.L. DISEASE - EA	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	J 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)					
CF	RTIFICATE HOLDER				CANO	ELLATION							
	Oshkosh Corporation and it 2307 Oregon Street Oshkosh, WI 54903	s Aff	iliate	s	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								
					۔ ا	1/							

**JKLUG** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

tl	nis certificate does not confer rights to	ificate holder in lieu of su									
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinaı	ncialgroup.com	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem			INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СС	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	IBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	וועטט	1110			(AIIII)	(1111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one p		\$	5,000
								PERSONAL & ADV I	,	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDEN		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is requir	ed)			
	RTIFICATE HOLDER				CAN	CILATION					
<u> CE</u>	Panther Expedited Services 4940 Panther Pkwy Seville, OH 44273			SHC	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.				
					AUTHO	RIZED REPRESEI	NTATIVE				

**JKLUG** 

ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

tl	is certificate does not confer rights t				ıch end	lorsement(s).	,	- cquire arrend	O. Scilleri		tatomont on
	DUCER				CONTA NAME:	<sup>CT</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	IRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Nacille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
C IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(11111)	(mini/20/1111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	If yes, describe under							E.L. DISEASE - EA E	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LLS (F	NOOK!	7 TOT, Additional Remarks Schedu	ile, may b	e attached if more	s space is requi	euj			
					CANC	NELL ATION					
UΕ	RTIFICATE HOLDER				CANC	ELLATION					
	Patterson Motor Freight 1300 Roberts Lane Bakersfield, CA 93308				THE	EXPIRATION	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					AUTHO	RIZED REPRESEN	NTATIVE				

**JKLUG** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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	f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to							require an end	dorsemen	t. As	tatement on
PRO	ODUCER			CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g					
	nnson Insurance Racine 03 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om		
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	ton Special	Ity Insurance	Compar	ıy	13027
INS	URED				INSURE	RB:					
	Diamond Transportation Sys	tem	, Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Racille, WI 53400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NU			
II C	IHIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TC	WHICH THIS
INSF	R	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α		IIIOD				(MINUSS/1111)	<u> </u>	EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Χ		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	100,000
								MED EXP (Any one	e person)	\$	5,000
								PERSONAL & AD\	/ INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	MP/OP AGG	\$ \$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1050	OTIL	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$	
Pete	e's Trailer Sales, Inc. is Additions / VEHICL e's Trailer Sales, Inc. is Additional Insure bility.	ES (#	ACORE resp	D 101, Additional Remarks Schedu ects General	ile, may b	e attached if more	e space is requi	red)			
CE	ERTIFICATE HOLDER				CANO	ELLATION					
	Pete's Trailer Sales, Inc. 1750 19 1/2 Street Rice Lake, WI 54868				ACC	EXPIRATION ORDANCE WI	N DATE TH	PESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.			
					AUTHORIZED REPRESENTATIVE						

**JKLUG** 

ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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ti	is certificate does not confer rights				ıch end	lorsement(s).			O. Scilleri		tatomont on
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.coı	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INS	RED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Nacille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NUM			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(HINDD/1111)	\	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If yes, describe under							E.L. DISEASE - EA E			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICT LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	red)			
CF	RTIFICATE HOLDER				CANO	ELLATION					
	Pioneer Hi Bred 211 Caspian Ave Volga, SD 57071				SHO THE	ULD ANY OF T	DATE TH	ESCRIBED POLICIEREOF, NOTICE CY PROVISIONS.			
					AUTHO	RIZED REPRESEI	NTATIVE				



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, 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).

	ne contineate acce not come. Figure t					.0.00				
PRO	DUCER					ст Julie Klu				
	nson Insurance Racine 3 Hunter Dr Ste 100		PHONE (A/C, No	o, Ext): (262) 3	21-2326	FAX (A/C, No	): <b>(877</b> )	254-8586		
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com		
						INS	URER(S) AFFOI	RDING COVERAGE		NAIC#
					INSURE	R A : Covingt	ton Special	Ity Insurance Compa	ıny	13027
INSU	JRED				INSURE	RB:				
	Diamond Transportation Sy	stem	1		INSURE	RC:				
	Diane Dahse 5021 21st St				INSURE	RD:				
	Racine, WI 53406				INSURE	RE:				
					INSURE	RF:				
СО	VERAGES CER	RTIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESE SED HEREIN IS SUBJECT	PECT TO	O WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY EFF	PAID CLAIMS			
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM		1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			VD 4 =00 400		=/0/0004	= 10 10000	DAMAGE TO RENTED	\$	100,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)		
								BODILY INJURY (Per accident PROPERTY DAMAGE		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
		1						AGGREGATE	\$	
	DED RETENTION \$  WORKERS COMPENSATION							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE   ER	+	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under							E.L. DISEASE - EA EMPLOYE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (	ACORI	101 Additional Pemarks School	ıle may h	e attached if mor	a snaca is raquii	red)		
Cert	ificate Holder is named as additional in	sure	d with	respect to General Liabili	ty, as t	heir interest n	nay appear.	ieu)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
						THE ABOVE D	ESCRIBED POLICIES BE	CANCE	LLED BEFORE	
	Pioneer Hi-Bred Internations 7300 NW 62nd Ave		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	PO Box 1004		l — —							

Johnston, IA 50131-1004

AUTHORIZED REPRESENTATIVE

**JKLUG** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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).

th	SUBROGATION IS WAIVED, subject his certificate does not confer rights to	o the	certi	terms and conditions of ificate holder in lieu of su	ıch enc	lorsement(s)		require an en	aorsemen	it. A S	tatement on
	DUCER				CONTA NAME:	<sup>CT</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326			(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.c	om		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE	R B :					
	Diamond Transportation Sys	stem			INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NU			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W BED HEREIN IS	ITH RESPE	CT TO	O WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F	POLICY EFF	PAID CLAIMS POLICY EXP				
LTR A		ADDL INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000
^	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea or	NCE NTED ccurrence)	\$	100,000
								MED EXP (Any or	e person)	\$	5,000
								PERSONAL & AD	V INJURY	\$	1,000,000 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR		\$	2,000,000
	X POLICY PRO- OTHER: LOC							PRODUCTS - CO		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY (	Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)	AGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PFR	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID		\$	
	If ves, describe under							E.L. DISEASE - E.			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - P	OLICY LIMIT	\$	
DES Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ificate holder is named as additional ins	LES (Asured	CORE with	D 101, Additional Remarks Schedu respect to General Liabili	ile, may b ty, as th	e attached if mor neir interest n	e space is requi nay appear.	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Piontek Enterprises Inc 1596 Fire Lane Dr Green Bay, WI 54311	1596 Fire Lane Dr				EXPIRATION ORDANCE WI	N DATE TH	DESCRIBED POL HEREOF, NOTI CY PROVISIONS	CE WILL		
					AUTHO	RIZED REPRESE	NIAIIVE				

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ACORD°

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tl	SUBROGATION IS WAIVED, subjective subjection is certificate does not confer rights of the subject of the subject in the subject of the subjec				ıch end			- roquire un ondercomo.				
	nson Insurance Racine							FAX	(077)	254-8586		
110	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				(A/C, No E-MAIL ADDRE	<sub>o, Ext):</sub> (262) 3 <sub>SS:</sub> jklug@jo	hnsonfina	(A/C, No): ncialgroup.com	(0//)	204-0000		
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC #		
					INSURE	R A : Coving	ton Specia	Ity Insurance Compar	ny	13027		
INSU	JRED				INSURE	RB:						
	Diamond Transportation Sy	stem	1		INSURE	R C:						
	5021 21st St Racine, WI 53406				INSURE	RD:						
	Nacine, Wi 33400				INSURE	RE:						
					INSURE	RF:						
				E NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	ANY CONTRAC Y THE POLICI	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT 1	ECT TO	O WHICH THIS		
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000		
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)				
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	≣						AGGREGATE	\$			
	DED RETENTION\$							ACCINECATE	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	<u> </u>			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	i I						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER				CANCELLATION							
	Plant Site Logistics/ John D	eere)			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	2117 State St Bettendorf, IA 52722											
	Dottoridori, in OE1 EE				AUTHO	RIZED REPRESE	AUTHORIZED REPRESENTATIVE					

ACORD°

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DATE (MM/DD/YYYY)
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ti	his certificate does not confer rights to							require an end	OI SCIIICII	i. A 3	tatement on
PRC	DUCER				CONTAC NAME:	<sup>CT</sup> Julie Klu	g				
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C. No):	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL	<sub>ss</sub> . jklug@jo	hnsonfinai	ncialgroup.co	m	` '	
	,				ADDITE			RDING COVERAGE			NAIC #
					INSURE			ty Insurance	Compar	ıv	13027
INS	JRED				INSURE			.,		-,	1
	Diamond Transportation Sys	ctom	Inc		INSURE						
	5021 21st St	Stelli	, 1116.		INSURE						
	Racine, WI 53406				INSURE						
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T II C	HIS IS TO CERTIFY THAT THE POLICIES IN THE POL	ES O REQU PER	F INS IREMI	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC ' THE POLICI	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT TC	WHICH THIS
INSR	TYPE OF INCUPANCE		SUBR		DELIVI	POLICY EFF (MM/DD/YYYY)			LIMIT	·e	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	540U 000UDD5U			1,000,000
^	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED CE	\$	100,000
				274100100		7,0,2021	110/2022	,		\$	5,000
								MED EXP (Any one PERSONAL & ADV	•	\$	1,000,000
	CENII ACCRECATE LIMIT APPLIES DED.									\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:    X   POLICY   PRO-   LOC   LOC   PRO-   LOC   PRO-   LOC   PRO-   LOC   PRO-   LOC   PRO-   PRO-   LOC   PRO-   PRO-   LOC   PRO-   P							GENERAL AGGREG		\$	2,000,000
								PRODUCTS - COM	P/OP AGG		
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident)	```	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (P		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	er accident) GE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	LIMPRELLA LIAR									\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	CE	\$	
		1						AGGREGATE		\$	
	DED RETENTION \$  WORKERS COMPENSATION							PER	OTH- ER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							STATUTE		_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
		. = c									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	רטד ע, Additional Remarks Schedu	ııe, may b	e attached if more	e space is requir	ea)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Platt & Associates 1494 West South Jordan Pk South Jordan, UT 84095	wy			THE ACC	EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLIC EREOF, NOTIC CY PROVISIONS.			
					AUTHO	RIZED REPRESEI	NTATIVE				

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	DUCER					ст Julie Klu				
	nson Insurance Racine B Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): ( <b>∠७∠)</b> 3	321-2326	FAX (A/C, No):	(877)	254-8586
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jc	hnsonfinar	ncialgroup.com		
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	R A : Coving	ton Special	ty Insurance Compar	ıy	13027
INSU	RED				INSURE	RB:				
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :				
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	Racine, WI 53406				INSURE	RE:				
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CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
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NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ACTOC CINET							,	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
pes ren	RIPTION OF OPERATIONS / LOCATIONS / VEHIC nier Freight Management Corporation i	LES (A	ACORI ition	0 101, Additional Remarks Schedu al insured with respect to C	<sub>lle, may b</sub> General	e attached if mor Liability.	e space is requir	ed)		
CE	PTIEICATE HOLDER				CANO	CI I ATION				
UE	RTIFICATE HOLDER				CANC	CELLATION				
	Premier Freight Managemer 635 East 48th St	nt Co	rpora	ation	THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL Y PROVISIONS.		
	Holland, MI 49423				AUTHO	DIZEN DEDDESE	NIT A TIVE			

ACORD 25 (2016/03)

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PRC	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	ıg					
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586	
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRE	ss: jklug@jo	hnsonfina	ncialgroup.co	m	·		
								RDING COVERAGE			NAIC #	
					INSURE		· · /	Ity Insurance	Compan	ıv	13027	
INSU	JRED				INSURE		•		•			
	Diamond Transportation Sy	etam	Inc		INSURE							
	5021 21st St	310111	,		INSURE							
	Racine, WI 53406				INSURE							
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CO	VERAGES CER	TIFI	САТІ	E NUMBER:				REVISION NU	MRFR:			
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	red currence)	\$	100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV	•	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COM		\$	2,000,000	
	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (F	)	\$		
	OWNED SCHEDULED AUTOS								•	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		Ť		
	UMBRELLA LIAB OCCUR							FACIL COCUPEE	105	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	ICE	\$		
	DED RETENTION \$	1						AGGREGATE		\$		
								PER STATUTE	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTIES (EXECUTIVE TO A								ER	_		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$		
	If ves, describe under							E.L. DISEASE - EA				
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	. = 0 /										
520	Similar of of Evaluator Econolis / VEIIIO			o or, Additional to Golfedo	iic, iiid y		o opace to requi	,				
CF	RTIFICATE HOLDER				CANO	ELLATION						
<u> </u>	Professional Transportation 1720 Antelope Road White City, OR 97503	Serv	vices	Inc	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
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	SUBROGATION IS WAIVED, subjection is certificate does not confer rights to							/ require an en	aorsemen	t. AS	tatement on
PRO	DUCER				CONTA NAME:	ст Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100								FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.c			
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE	R B :					
	Diamond Transportation Sys	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
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IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT W BED HEREIN IS	ITH RESPE	CT TO	O WHICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02.01 (1022.1		(INIMI/UU/TTTT)	(INIMI/DU/TTTT)	EACH OCCURRE		s	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea ou	ITED ccurrence)	\$	100,000 5,000
								MED EXP (Any on		\$	1,000,000
								PERSONAL & AD		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRO-   LOC   LOC							GENERAL AGGR		\$	2,000,000
	OTHER:							PRODUCTS - CO	MP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY (	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)	AGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	If ves. describe under							E.L. DISEASE - E	A EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	OLICY LIMIT	\$	
DE0	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		1000	Add Additional Bassacha Oakada	.1	#b1 #					
		·						,			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Punch Logistics LLC PO Box 682513 Houston, TX 77086		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					AUTHO	RIZED REPRESE	NIAIIVE				

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#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

	nis certificate does not confer rights t				ıch enc	dorsement(s)		require an end	uoi seillei	t. A S	statement on
	DUCER					ст Julie Klu			FAV		
	nson Insurance Racine 3 Hunter Dr Ste 100				(A/C, No	o, Ext): (262) 3	321-2326		(A/C, No):	(877)	254-8586
Μοι	ınt Pleasant, WI 53406				ADDRE	<sub>ss:</sub> jklug@jo	hnsontina	ncialgroup.co	om		
								RDING COVERAGE			NAIC#
							ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE						
	Diamond Transportation Sy 5021 21st St	stem	, Inc.		INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
	VERAGES CER	TIFI	CATE	NUMBER:	INSURE	жг.		REVISION NU	MRED:		
T IN C	HIS IS TO CERTIFY THAT THE POLICII UDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQU PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIE	RED NAMED ABO R DOCUMENT W BED HEREIN IS S	OVE FOR T	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000 5,000
								MED EXP (Any one		\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000
	OTHER:							PRODUCTS - CON	/IP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	•	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA		\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	DLICY LIMIT	\$	
DES	│ CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LFS (	ACORE	101. Additional Remarks Schedu	ıle. mav h	ne attached if mor	e space is requi	red)			
DLO	ON HONGI OF ENAMONO, EGOATIONO, VEHIC		AOOKE	7 101, Additional Remarks ochede	iie, iiiay i	e attached il illoi	e space is requi	ieu)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	R E West Transportation Attn: Jogenna McDonald				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	702 Church Street Livingston, TN 38570				AUTHORIZED REPRESENTATIVE						

**JKLUG** 

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

	SUBROGATION IS WAIVED, subjecting subjectificate does not confer rights to				ıch end	lorsement(s)		require an en	aorsemen	t. AS	tatement on
	DUCER					<sup>с⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): ( <b>∠७∠)</b> 3	21-2326			(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.c	om		
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	Racille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NU			
IN C	HIS IS TO CERTIFY THAT THE POLICIE  IDICATED. NOTWITHSTANDING ANY R  ERTIFICATE MAY BE ISSUED OR MAY	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS:	ITH RESPE	CT TO	O WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR WVD		BEEN	POLICY EFF	POLICY EXP				
A A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000
•	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea ou	NCE ITED ccurrence)	\$	100,000
								MED EXP (Any on	e person)	\$	5,000
								PERSONAL & AD	V INJURY	\$	1,000,000 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRI	EGATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COI	MP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY (	Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (	Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM/ (Per accident)	AGE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	A EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	OLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	(			,			,			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	R M Brown Trucking PO Box 2745 White City, OR 97503			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHO	RIZED REPRESE	NIAIIVE				

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**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	nis certificate does not confer rights t				ıch enc	lorsement(s)		require an ene	ioi scilicii	L. A.	natement on
PRO	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INSU	JRED				INSURE	R B :					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St				INSURE	R D :					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFI	CAT	E NUMBER:				<b>REVISION NU</b>	MBER:		
II.	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,		EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	TED currence)	\$	100,000
								MED EXP (Any one	person)	\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							1550	0.711	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
2019 Add	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC O Great American Trucking Show itional Insured to Include Kay Bailey Hu man & Randall-Reilly, LLC	•				e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Randall-Reilly 3200 Rice Mine Rd NE Tuscaloosa, AL 35406				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	NIAIIVE				

## ACORD.

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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this certificate does not c	onfer rights to	o the	certi	<u>ificate holder in lieu of su</u>								
PRODUCER					CONTAC NAME:	<sup>CT</sup> Julie Klu	g					
Johnson Insurance Racine 1103 Hunter Dr Ste 100					PHONE (A/C, No	o, Ext): (262) 3	21-2326	ncialgroup.co		(877)	254-8586	
Mount Pleasant, WI 53406					ADDRES				•••		T	
								RDING COVERAGE tv Insurance	Compan		13027	
INSURED						J.	ion Special	ty msurance	Compan	ıy	13021	
		- <b>.</b>			INSURE						+	
Diamond Trans 5021 21st St	sportation Sys	stem	, inc.		INSURE						+	
Racine, WI 534	06				INSURE						+	
					INSURE						+	
COVERAGES	CED	TIEI	^ A T E	NUMBER:	INSUKL	N.F.		REVISION NUM	MDED.			
THIS IS TO CERTIFY THAT INDICATED. NOTWITHSTAI CERTIFICATE MAY BE ISSI EXCLUSIONS AND CONDITION	THE POLICIENDING ANY RUJED OR MAY	S O EQUI PER	F INS REME TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO	VE FOR T	CT TC	WHICH THIS	
INSR LTR TYPE OF INSURAI	NCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
A X COMMERCIAL GENERAL	LIABILITY					······	<u> </u>	EACH OCCURREN	CE	\$	1,000,000	
CLAIMS-MADE X	OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	100,000	
	_							MED EXP (Any one	,	\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APF	PLIES PER:							GENERAL AGGREG	GATE	\$	2,000,000	
X POLICY PRO-	LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
OTHER:										\$		
AUTOMOBILE LIABILITY								COMBINED SINGLE (Ea accident)	ELIMIT	\$		
ANY AUTO								BODILY INJURY (P	er person)	\$		
	CHEDULED UTOS							BODILY INJURY (P		\$		
HIRED AUTOS ONLY A	ON-OWNED UTOS ONLY							PROPERTY DAMA( (Per accident)	GE	\$		
										\$		
UMBRELLA LIAB	OCCUR							EACH OCCURREN	CE	\$		
EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$		
DED RETENTION	\$							DED	OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N							PER STATUTE	ER ER			
ANY PROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	CECUTIVE CONTRACT	N/A						E.L. EACH ACCIDE	NT	\$		
(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA	EMPLOYEE	\$		
DESCRIPTION OF OPERATION	S below							E.L. DISEASE - POI	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LO The Certificate Holder is Name Liability	CATIONS / VEHICI ed as Addition	LES (A	ACORE	0 101, Additional Remarks Schedu i as respects General	le, may b	e attached if mor	e space is requir	ed)				
CERTIFICATE HOLDER					CANC	ELLATION						
Redlands Trans PO Box 8846 Redlands, CA 9	•				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							

**JKLUG** 

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

tl	SUBROGATION IS WAIVED, subjective subjections of the subjection of				ıch end			Toquilo un ondo ocinio.		
	nson Insurance Racine							FAX	(077)	254-8586
110	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				(A/C, No E-MAIL ADDRE	<sub>o, Ext):</sub> (262) 3 <sub>SS:</sub> jklug@jo	hnsonfina	(A/C, No): ncialgroup.com	(0//)	204-0000
						INS	URER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	R A : Coving	ton Special	ty Insurance Compar	ny	13027
INSU	JRED				INSURE	R B :				
	Diamond Transportation Sy	stem	1		INSURE	RC:				
	5021 21st St Racine, WI 53406				INSURE	RD:				_
	radine, in de lee				INSURE					
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	DED B	ANY CONTRAC Y THE POLICI	CT OR OTHER	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	CT TO	O WHICH THIS
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					(	······	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000 5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	NOTES SILE.								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADI							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under	'						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)		
CE	RTIFICATE HOLDER				CANO	CELLATION				
	Reed Transport Services In PO Box 2527 Brandon, FL 33509	С			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL Y PROVISIONS.		
					AUTHORIZED REPRESENTATIVE					

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD'

DATE (MM/DD/YYYY)
7/2/2021

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tl	his certificate does not confer rights to	the	certi	ficate holder in lieu of su	ch end	orsement(s).				
PRO	DDUCER				CONTAC NAME:	ਾ Julie Klu	g			
	Inson Insurance Racine					, Ext): (262) 3		FAX (A/C, No):	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRES	ss. jklug@jo	hnsonfinar	ncialgroup.com		
	·					INS	URER(S) AFFOR	RDING COVERAGE		NAIC#
					INSLIDE		•	ty Insurance Compai	าง	13027
INSI	JRED				INSURE		от ороста	ty mourance compan	.,	10021
	Diamond Transportation Sys 5021 21st St	tem	inc		INSURE					
	Racine, WI 53406				INSURE					
	,				INSURE					
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE PERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUII PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	T OR OTHER	DOCUMENT WITH RESPI	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD	****			(MINITED) 1111)	(MM//20/1111/	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED	\$	100,000
						1,6,2621	.,	PREMISES (Ea occurrence)		5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	Ť	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OF EIGHTIONS BEIOW							L.L. DISLAGE - FOLICT LIMIT	Ψ	
רבי	CODIDTION OF OBERATIONS // COATIONS // COATIONS	EC /-		1404 Additional Damaster Oats 1	lo massi	o ottoobad 'f	anaa-! '	ad)		
υES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.⊏o (A	CORE	7 101, Additional Kemarks Schedu	ie, may b	e attached if more	space is requir	euj		
CE	RTIFICATE HOLDER				CANC	ELLATION				
	Registry Monitoring Insurance 5388 Sterling Center Dr	ervic	es Inc	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Westlake Village, CA 91361				AUTUS	1755 55555	IT A TIVE			

**JKLUG** 



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to				ıch end	lorsement(s)		require an endorsemen	t. As	tatement on
	DDUCER				CONTA NAME:	ст Julie Klu	g			
	nnson Insurance Racine 03 Hunter Dr Ste 100					o, Ext): (262) 3		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com		
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Covingt	ton Special	ty Insurance Compar	ıy	13027
INS	URED				INSURE	RB:				
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:				
	5021 21st St Racine, WI 53406				INSURE	RD:				
	Nacine, W 55-50				INSURE					
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
I	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY	REQU PER	IREM TAIN,	ENT, TERM OR CONDITION, THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	O WHICH THIS
INSF	EXCLUSIONS AND CONDITIONS OF SUCH				BEEN F					
LTR	TIPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
_ ^	CLAIMS-MADE X OCCUR	V	V	VBA763180		7/3/2021	7/3/2022	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CEANING-WASE X COOCK	X	X	VBA703100		11312021	11312022		\$	5,000
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							TROBOOTO - COMIT/OT ACC	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							DEP OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Source, Inc. is listed as an Additional In he General Liability policy above.	LES (A	ACORI d on	D 101, Additional Remarks Schedu a Primary, Non-Contributo	ıle, may b ry basi:	e attached if mor s on the abov	e space is requir e General Lia	ed) ability policy. A waiver of	subro	ogation applies
	ERTIFICATE HOLDER				CANC	PELL ATION				
	INTIFICATE HOLDER				CANCELLATION					
	Rig Source, Inc. 700 Hicks Drive Elburn, IL 60119				THE	EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL Y PROVISIONS.		
					AUTHO	RIZED REPRESEI	NTATIVE			

### ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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ti	nis certificate does not confer rights t							require an ene	ioi scilicii	A 3	natement on
PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	ıg				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	321-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	R D :					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CC	VERAGES CER	TIFI	CATE	E NUMBER:				<b>REVISION NU</b>	MBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						•	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	red currence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	•	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM	IP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (F	Per nerson)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (F	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$	
	AUTOS ONET							(i ci deoideiti)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	.02	\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	<u>,                                      </u>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO			
DES Ring	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC g Power Corporation is additional insur	LES (	ACORI Fresp	ว 101, Additional Remarks Schedu ects General Liability	ile, may b	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
_	Ring Power Corporation 500 World Commerce Parkw Saint Augustine, FL 32092		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								
						11-					

**JKLUG** 

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### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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th	is certificate does not confer rights t				ıch end	lorsement(s).		require an end	O. GOITICH		tatoment on
	DUCER		_			ст Julie Klu					
	nson Insurance Racine B Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	(877)	254-8586
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
							•	RDING COVERAGE			NAIC#
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	RED				INSURE	R B :					
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	1100.110				INSURE						
					INSURE	RF:					
				E NUMBER:				REVISION NUN			
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SI	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY					(	\	EACH OCCURRENG	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	jE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER	_	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORI	101, Additional Remarks Schedu	ıle, mav b	e attached if more	e space is requir	red)			
0	The second of th	(/		,	,uy b		pass is requi	,			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Rite-way Transport 9850 Pelham Rd					EXPIRATION	DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
	Taylor, MI 48180				ALITHO	RIZED REPRESEI	NTATIVE				
					/ /	· H					
					12	THE	_				

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ACORD°

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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ti	is certificate does not confer rights				ıch end	lorsement(s).			J. Joinen		tatomont on
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coı	n		Т.
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INS	IRED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	Nacille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(AIIII)	(minipol1111)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If ves, describe under							E.L. DISEASE - EA E			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES RJ (	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Inderground, Inc. is additional insured.	CLES (A	ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	red)	·		
					0.4.4.5						
CE	RTIFICATE HOLDER				CANC	ELLATION					
	RJ Underground, Inc. 5330 50th St Ste 200 Kenosha, WI 53144		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					AUTHO	RIZED REPRESEI	NTATIVE				

**JKLUG** 

ACORD®

#### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coi	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem	. Inc.		INSURE	R C :					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
CO	VERAGES CER	TIFIC	CATI	E NUMBER:				REVISION NUM	IBER:		
11 C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	וועטט	1110			(MINI/DD/11111)	(1111)	EACH OCCURRENC			1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
		117.7						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)			
	DTIEICATE HOLDED				CANC	CELLATION					
<u>ve</u>	CERTIFICATE HOLDER  RM Brown Trucking Inc PO Box 2745 White City, OR 97503					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					
					B	the	=				



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

th	SUBROGATION IS WAIVED, subjetis to certificate does not confer rights to the confer rights to				ıch end					
	nson Insurance Racine							FAX	(877)	254-8586
	3 Hunter Dr Ste 100 Int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com	(011)	234-0300
						INS	URER(S) AFFOI	RDING COVERAGE		NAIC #
					INSURE	R A : Covingt	ton Special	ty Insurance Compa	ny	13027
INSU	RED				INSURE	RB:				
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:				
	5021 21st St Racine, WI 53406				INSURE	RD:				
	Racine, Wi 33400				INSURE	RE:				
					INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	DED B	ANY CONTRAC Y THE POLICI	CT OR OTHER	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	гs	
Α	X COMMERCIAL GENERAL LIABILITY	11102				(IIIIII)	<u>(IIIIII)</u>	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000 5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	<b>X</b> POLICY PROJECT LOC							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(i ei accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1					E.L. DISEASE - EA EMPLOYER	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)		
CE	RTIFICATE HOLDER				CAN	CELLATION				
	RSDA Logistics & Transpor 5 N Liberty Dr	n Inc		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.			
	Stony Point, NY 10980	AUTHORIZED REPRESENTATIVE								

**JKLUG** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tł	is certificate does not confer rights t				ıch end	lorsement(s).		require air cila	or serificin	t. A 3	tatement on
	DUCER				CONTA NAME:	<sup>C⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.coı	n		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Nacille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NUM			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(HINDD/1111)	EACH OCCU			\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu			100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORI	ວ 101, Additional Remarks Schedເ	ile, may b	e attached if more	e space is requir	ed)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
<u>OL</u>	RTS 801 Mt Orab Pike Georgetown, OH 45121		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					AUTHO	RIZED REPRESEI	NIATIVE				

**JKLUG** 

ACORD®

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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.

tl	nis certificate does not confer rights				ıch end	lorsement(s).		- cquire arrend	J. Joinen		tatomont on
	DUCER				CONTAC NAME:	CT Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	ınt Pleasant, WI 53406				E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	n		_
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	Racille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				E NUMBER:				REVISION NUM			
C IN	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC ' THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR LTR		ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(	(	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If yes, describe under							E.L. DISEASE - EA E			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1 50 //	ACOP!	101 Additional Bamarka Sabada	ıla may b	o attached if man	enaco la rocult	l and			
		(			,, .						
<u></u>	DITIEICATE HOLDER				CANO	TELL ATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Ryan Transportation 8600 Quivira Rd Lenexa, KS 66215					EXPIRATION	DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
				AUTHO	RIZED REPRESEN	NTATIVE					



#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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	nis certificate does not confer rights to			ıch enc	lorsement(s)		require an end	Jorsemen	t. AS	statement on	
	DUCER					ст Julie Klu			FAV		
110	nson Insurance Racine 3 Hunter Dr Ste 100				(A/C, No	o, Ext): (262) 3	321-2326		(A/C, No):	(877)	254-8586
Μοι	ınt Pleasant, WI 53406				ADDRE			ncialgroup.co	om		
							• •	RDING COVERAGE	•		NAIC#
							ton Special	Ity Insurance	Compar	ıy	13027
INSU	JRED		_		INSURE						_
	Diamond Transportation Sys	stem	, Inc.		INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
CO	VERAGES CER	TIFI	CATE	NUMBER:	INCORE			REVISION NU	MRFR:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI SED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN	NCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	100,000 5,000
								MED EXP (Any one	•	\$	1,000,000
								PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRO-   LOC							GENERAL AGGRE		\$	2,000,000
								PRODUCTS - COM	IP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (F	Per nerson)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (F		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	s	
	ACTOS CINET									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LEC /	ACORE	101 Additional Remarks School	ıla may h	a attached if mor	o anaca la reguli	rad\			
Ryd	er Intergrated Logistics is additional ins	sured	l as re	espects General Liability.	ne, may s	e attached if mor	e space is requi	isaj			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Ryder Integrated Logistics 39550 13 Mile Road		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIEREOF, NOTICE OY PROVISIONS.					
	Novi, MI 48377				AUTHO	RIZED REPRESE	NTATIVE				

# ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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ti	nis certificate does not confer rights t							require air end	OI SCIIICII	L. A3	tatement on
PRC	DUCER				CONTA NAME:	<sup>CT</sup> Julie Klu	g				
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C. No):	(877)	254-8586
	3 Hunter Dr Ste 100 Int Pleasant, WI 53406				E-MAIL	<sub>ss</sub> . jklug@jo	hnsonfinai	ncialgroup.co	m	. ,	
	,				ADDICE			RDING COVERAGE			NAIC#
					INSURE			ty Insurance	Compar	ıv	13027
INSU	JRED				INSURE			.,		,	1
	Diamond Transportation Sy	ctom	Inc		INSURE						
	5021 21st St	Steili	, 1110.		INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
	VERAGES CER	TIEI	CATE	E NUMBER:	INOUNE	KI.		REVISION NUI	MDED.		
T IN C	HIS IS TO CERTIFY THAT THE POLICY INDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQU PER	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC ' THE POLICI	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT TC	WHICH THIS
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVVD			(WIW/DD/1111)	(WIW/DD/1111)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000
	OTHER:								.,0. 7.00	\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLI (Ea accident)	LIMIT	\$			
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (P		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
	ACTOS CIVET							(10000000000000000000000000000000000000		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI			
										_	
DES Sch	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC neider Logistics Inc is additional insure	o 101, Additional Remarks Schedu ects General Liability.	lle, may b	e attached if more	e space is requir	ed)					
CE	RTIFICATE HOLDER				CANCELLATION						
	Schneider Logistics Inc Attn: Qualifications/Glory Re PO Box 2666 Green Bay, WI 54306	d			THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLIC IEREOF, NOTICI CY PROVISIONS.			
						1/					



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

	<ul> <li>SUBROGATION IS WAIVED, subjecting subjections of the subjection of the subjection is subjecting to the subjection of the subj</li></ul>			ıch enc	lorsement(s)		require an en	aorsemen	t. As	statement on			
PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	g						
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): ( <b>∠७∠)</b> 3	21-2326			(877)	254-8586		
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	om				
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #		
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027		
INSU	JRED				INSURE	RB:							
	Diamond Transportation Sys	stem	l		INSURE	R C :							
	5021 21st St Racine, WI 53406				INSURE	RD:							
	Racine, Wi 33400				INSURE	RE:							
					INSURE	RF:							
				E NUMBER:				REVISION NU					
II C	HIS IS TO CERTIFY THAT THE POLICIE VDICATED. NOTWITHSTANDING ANY R PERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W BED HEREIN IS :	ITH RESPE	CT TO	O WHICH THIS		
INSR LTR	TVPE OF INQUENTION		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP						
Α	X COMMERCIAL GENERAL LIABILITY		1112			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	EACH OCCURRE	NCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	х	X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	100,000		
								MED EXP (Any on	e person)	\$	5,000		
								PERSONAL & AD	/ INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	EGATE	\$	2,000,000		
	X POLICY PRO- OTHER:							PRODUCTS - COM		\$	2,000,000		
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$			
	ANY AUTO							BODILY INJURY (	Per person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (	Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM/ (Per accident)	AGE	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$							DED	OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$			
	If ves, describe under							E.L. DISEASE - EA	A EMPLOYEE	\$			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI tt Equipment Company LLC is named as lies to the General Liability.	ACORE dition	D 101, Additional Remarks Schedu al Insured as respect to G	chedule, may be attached if more space is required) to General Liability. Waiver of Subrogation in favor of the additional insu				insured					
CE	RTIFICATE HOLDER			CANCELLATION									
	Scott Equipment Company 905 N Market St Shreveport, LA 71107					OULD ANY OF TEXPIRATION CORDANCE WI	N DATE TH	PESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.	CE WILL				
					AUTHO	RIZED REPRESE	NTATIVE						

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### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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th	is certificate does not confer rights to	o the	certi	ificate holder in lieu of su							
PRODUCER Johnson Insurance Racine 1103 Hunter Dr Ste 100 Mount Pleasant, WI 53406						<sup>CT</sup> Julie Klu					
					PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	877)	254-8586
					E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	у	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
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CE	RTIFICATE HOLDER				CANO	ELLATION					
	SFMTA 1 South Van Ness Ave., 7th I San Francisco, CA 94103		THE ACC	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.					
					0	. 16					

This Endorsement Changes The Policy. Please Read It Carefully.

# BLANKET ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

#### **SCHEDULE**

#### Name of Additional Insured Person(s) or Organization(s):

Any person or organization whom you are required to add as an additional insured on this policy under a written contract which is currently in effect or becoming effective during the term of the policy and executed prior to the "bodily injury", "property damage", or "personal and advertising injury".

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) designated above.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to SECTION III Limits of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions of this policy remain unchanged.

Policy No.: VBA706391 00

# ACORD'

### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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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PRODUCER  Johnson Insurance Racine 1103 Hunter Dr Ste 100					CONTAC NAME:	<sup>C⊤</sup> Julie Klu	g				
						o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406							ncialgroup.co		. ,	
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								PERSONAL & ADV	INJURY	\$	2.000,000
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	Sheer Trans Solutions 530 Maryville Centre Drive				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
	Suite 220										
	Saint Louis, MO 63141				AUTHORIZED REPRESENTATIVE						
						· Ho					

**JKLUG** 

ACORD'

#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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).

	SUBROGATION IS WAIVED, subjection is certificate does not confer rights t				ıch enc	lorsement(s)		require an en	aorsemen	t. As	tatement on		
PRO	DUCER					<sup>с⊤</sup> Julie Klu	g						
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (∠७∠) 3	21-2326			(877)	254-8586		
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.c	om				
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #		
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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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PRC	DUCER				CONTA NAME:	ст Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co			
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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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PRO	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	g					
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	3 Hunter Dr Ste 100 Int Pleasant, WI 53406				E-MAIL ADDRE	ss. jklug@jo	hnsonfina	ncialgroup.co	m			
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### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
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	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$			
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	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	Ε	\$			
								AGGREGATE		\$			
	DED RETENTION \$							PER STATUTE	OTH- ER	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY												
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$			
	If yes, describe under							E.L. DISEASE - EA EI		-			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	ed)					
CE	RTIFICATE HOLDER				CANO	ELLATION							
								ESCRIBED POLICII					
	Summit Expedited Logistics 820 W. Jackson Blvd, Suite (							EREOF, NOTICE CY PROVISIONS.	WILL E	BE DI	:LIVERED IN		
	Chicago, IL 60607				AUTHO	RIZED REPRESEI	NTATIVE						
					B	· Att	=						
	1				1	NI							

### ACORD®

#### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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.

ti	nis certificate does not confer rights t			ıch enc			require an en	Jorsemen	t. AS	tatement on		
	nson Insurance Racine					o, Ext): (262) 3			FAX	(877)	254-8586	
110	3 Hunter Dr Ste 100 int Pleasant, WI 53406				E-MAIL	o, Ext): (202) 3	hnsonfina	ncialgroup.co	∣ (A/C, No):\ om	(011)	234-0300	
IVIO	int i leasant, wi 55400				ADDRE			RDING COVERAGE	····		NAIC #	
					INICUIDE		• •	Ity Insurance	Compan	w	13027	
INSI	JRED				INSURE		оп ороощ	ity iniourunioo	Compan		10021	
	Diamond Transportation Sy	etam	Inc		INSURE							
	5021 21st St	Stem	ı, IIIC.	•	INSURER D:							
	Racine, WI 53406				INSURE							
					INSURE	RF:						
СО	VERAGES CER	TIFI	CATI	E NUMBER:				<b>REVISION NU</b>	MBER:			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W SED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	NCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & AD\	/ INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	X POLICY PRO- OTHER: LOC							PRODUCTS - COM	MP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (I	Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (I	Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	NCE	\$		
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID		\$		
	If yes, describe under							E.L. DISEASE - EA				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
DES	│ CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (	ACORI	N 101 Additional Pemarks Schedu	ıla may h	e attached if mor	e space is requi	red)				
CF	RTIFICATE HOLDER				CANO	CELLATION						
<u> </u>	Team FR8 23724 W 83rd Terrace Shawnee Mission, KS 66227	,			SHO THE ACC	OULD ANY OF TEXPIRATION CORDANCE WI	N DATE TH TH THE POLIC	ESCRIBED POLI IEREOF, NOTIC CY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE							

**JKLUG** 

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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

	SUBROGATION IS WAIVED, subject in scertificate does not confer rights to				ıch end	lorsement(s)		require an endorsemen	t.As	tatement on		
PRO	DDUCER				CONTA NAME:	ст Julie Klu	g					
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3		FAX (A/C, No):	(877)	254-8586		
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com				
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #		
					INSURE	R A : Covingt	on Special	ty Insurance Compar	ıy	13027		
INS	JRED				INSURE	RB:						
	Diamond Transportation Sys	stem	l		INSURER C:							
	5021 21st St Racine, WI 53406				INSURER D:							
	Racine, W 33-400				INSURE							
					INSURE	RF:						
				E NUMBER:				REVISION NUMBER:				
l II	'HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R PERTIFICATE MAY BE ISSUED OR MAY	EQU	IREM	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	O WHICH THIS		
E	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY I	PAID CLAIMS.					
INSF LTR	TTPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	4 000 000		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000 100,000		
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000		
								MED EXP (Any one person)	\$	1,000,000		
								PERSONAL & ADV INJURY	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO-							GENERAL AGGREGATE	\$	2,000,000		
	JECI							PRODUCTS - COMP/OP AGG	\$			
	OTHER:  AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
								·	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
Ten	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI ant Truck Lines is additional insured as	resp	ACORI ects	D 101, Additional Remarks Schedu <b>General Liability.</b>	ile, may b	e attached if more	e space is requir	ed)				
CE	RTIFICATE HOLDER				CANCELLATION							
	Tenant Truck Lines				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL				
	20812 East 550 St				ACC	OKDANCE WI	IN INE POLIC	CY PROVISIONS.				
	Colona, IL 61241				AUTHO	RIZED REPRESEI	NTATIVE					
					B	·	<del></del>					
					12	- NIV						

**JKLUG** 

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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	SUBROGATION IS WAIVED, subject in				ıch end	lorsement(s)		require an endorsemen	t. As	tatement on		
PRC	DUCER				CONTA NAME:	ст Julie Klu	g					
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3		FAX (A/C, No):	(877)	254-8586		
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.com				
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #		
					INSURE	R A : Covingt	ton Special	ty Insurance Compar	ıy	13027		
INS	JRED				INSURE	RB:						
	Diamond Transportation Sys	stem	, Inc.		INSURER C:							
	5021 21st St Racine, WI 53406				INSURE	RD:						
	Racine, WI 33400				INSURE	RE:						
					INSURE	RF:						
				E NUMBER:				REVISION NUMBER:				
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	ANY CONTRAC	CT OR OTHER	DOCUMENT WITH RESPE	CT TO	O WHICH THIS		
INSR			SUBR		DLLINI	POLICY EFF (MM/DD/YYYY)		LIMIT	9			
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	х	X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
		^	^			17672621	.,,,_,	MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							PER OTH- STATUTE ER	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N								_			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$			
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	CERIPTION OF OPERATIONS / LOCATIONS / VEHICL ramac LLC is listed as an Additional Insu ne General Liability policy above.	LES (A	ACORI on a	D 101, Additional Remarks Schedu Primary, Non-Contributory	ile, may b	e attached if more on the above	e space is requir General Liab	ed) ility policy. A waiver of s	ubrog	pation applies		
	DTIFICATE HOLDED				0411	CILLATION						
CE	RTIFICATE HOLDER				CANC	CELLATION						
	Terramac LLC 724 Hicks Rd Elburn, IL 60119				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL EY PROVISIONS.				
					AUTHO	RIZED REPRESEI	NTATIVE					

**JKLUG** 

ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su								
PRC	DUCER			CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g						
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586	
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m			
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #	
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027	
INSU	JRED				INSURE	RB:						
	Diamond Transportation Sys	stem			INSURER C:							
	5021 21st St				INSURE	RD:						
	Racine, WI 53406				INSURE	RE:						
					INSURE	RF:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY		,			(2000)	, <u></u>	EACH OCCURRENC	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu	ED	\$	100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV I		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
		N/A						E.L. EACH ACCIDEN		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	ACORI	O 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)				
	RTIFICATE HOLDER				CANC	CELL ATION						
CE	TFI Logistics 1054 Lark View Ln				SHO THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.				
	Stevensville, MT 59870				AUTHO	RIZED REPRESE	NTATIVE					

**JKLUG** 

ACORD'

#### CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g						
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586		
	unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.cor	n		_		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #		
					INSURE	R A : Coving	on Special	ty Insurance C	Compan	ıy	13027		
INSU	JRED				INSURE	RB:							
	Diamond Transportation Sys	stem	. Inc.		INSURER C:								
	5021 21st St		•		INSURE	RD:							
	Racine, WI 53406				INSURE	RE:							
					INSURE	RF:							
СО	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	IBER:				
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TC	WHICH THIS		
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY	וועטט	1110			(MINI/DD/11111)	(1111)	EACH OCCURRENC		\$	1,000,000		
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED	\$	100,000		
								MED EXP (Any one p		\$	5,000		
								PERSONAL & ADV I		\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000		
	OTHER:									\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$			
	ANY AUTO							BODILY INJURY (Pe	r person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$			
										\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION \$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$			
		117.7						E.L. DISEASE - EA E	MPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)					
	RTIFICATE HOLDER				CANIC	TELL ATION							
VL	TMC Transportation PO Box 1774 Des Moines, IA 50306				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE								
					1	the	-						

**JKLUG** 

ACORD®

### **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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this certificate does not confer rights t	o the	cert	ificate holder in lieu of su									
PRODUCER Johnson Insurance Racine 1103 Hunter Dr Ste 100 Mount Pleasant, WI 53406				PHONE (A/C, No	Julie Klu , Ext): (262) 3	21-2326	ncialgroup.co		877)	254-8586		
MOUIIL Fleasailt, WI 33400				ADDRES			RDING COVERAGE	•••		NAIC #		
				INCLIDE			tv Insurance (	Compan	v	13027		
INSURED				INSURE	J.	оп ороски	ty modranoc (	Joinpan	· <b>y</b>	10021		
Diamond Transportation Sy	stam	Inc		INSURE								
5021 21st St	Stein	,		INSURER D :								
Racine, WI 53406				INSURER E :								
				INSURE								
COVERAGES CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:								
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INSR LTR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s			
A X COMMERCIAL GENERAL LIABILITY					······	\	EACH OCCURREN	CE	\$	1,000,000		
CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	\$	100,000		
							MED EXP (Any one	, i	\$	5,000		
							PERSONAL & ADV	INJURY	\$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	GATE	\$	2,000,000		
X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000		
OTHER:									\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$			
ANY AUTO							BODILY INJURY (Pe	er person)	\$			
OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$			
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$			
									\$			
UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
DED   RETENTION \$							DED	OTH-	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$			
(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$			
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)					
CERTIFICATE HOLDER				CANC	ELLATION							
Top Flight Transportation P O Box 25090 Portland, OR 97298				THE ACC	EXPIRATION ORDANCE WI	N DATE TH	ESCRIBED POLIC EREOF, NOTICI Y PROVISIONS.					
				AUTHORIZED REPRESENTATIVE								

**JKLUG** 



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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th	is certificate does not confer rights t				ıch end	lorsement(s).			0.00111011		tatomont on
	DUCER	· <u> </u>	_			ст Julie Klu					
	nson Insurance Racine B Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	877)	254-8586
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		_
							•	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	у	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem	, Inc.		INSURER C:						
	5021 21st St Racine, WI 53406				INSURE	RD:					
	1146.116, 111 66 166				INSURE						
					INSURE	RF:					
				E NUMBER:				REVISION NUN			
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	requi Per	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SI	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	INOD	****			(MINUDD/1111)	(MINUDD/1111)	EACH OCCURRENCE	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
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	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	žΕ	\$	
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	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is requir	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Total Logistics P.O. Box 752148 Memphis, TN 38175				THE	EXPIRATION	DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.			
	, .,				AUTHO	RIZED REPRESEI	NTATIVE				
					B	the	5				

**JKLUG** 

ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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ti	nis certificate does not confer rights t				ıch end	lorsement(s).			J. Joinen		tatomont on
	DUCER					ст Julie Klu					
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	(877)	254-8586
	ınt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coı	n		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	RC:					
	5021 21st St Racine, WI 53406				INSURE	R D :					
	Nacille, WI 33400				INSURE	RE:					
					INSURE	RF:					
				NUMBER:				REVISION NUM			
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS
INSR		ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	. CLIOT HOMBER		(MIM/DD/XXXX)	(אואו/טט/איז אַל)	EACH OCCURRENC		\$	1,000,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu			100,000
		^						MED EXP (Any one		\$	5,000
								PERSONAL & ADV I		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMF		\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							DED	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	NT	\$	
	If ves. describe under							E.L. DISEASE - EA E	MPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
	COUNTION OF OREDATIONS (1.00.7	1.50 (		And Additional Dame 1 C 1	.la						
Trac	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ey Road Equipment is additional insur	ed as	resp	ects General Liability.	ic, may b		- Space 13 1544	,			
CE	RTIFICATE HOLDER				CANO	CELLATION					
	Tracey Road Equipment 6803 Manlius Center Rd East Syracuse, NY 13057				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						

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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

	DUCE	ertificate does not confer rights to	o the	certi	ificate holder in lieu of su		lorsement(s) <sup>ст</sup> Julie Klu				
Joh	nsor	n Insurance Racine					o, Ext): (262) 3		FAX	(877)	254-8586
		nter Dr Ste 100 Pleasant, WI 53406				E-MAIL	oo iklua@io	hnsonfina	ncialgroup.com	(011)	204 0000
14100		icasant, wi 55466				ADDRE			RDING COVERAGE		NAIC #
						MOURE			Ity Insurance Compan		13027
INICI	IRED							ton Special	ity ilisurance compan	ıy	13027
INSC	IKLD	D: 17 (# 0				INSURE					
		Diamond Transportation Sys 5021 21st St	stem	, Inc.		INSURE					
		Racine, WI 53406				INSURE					
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	·	A 0 5 0 0 5 D	T.F.	~ A TF		INSURE	:R F :				
					E NUMBER:		EEN IOOUED		REVISION NUMBER:	DO	LIOV PEDIOD
		IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R									
С	ERTI	FICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICE	IES DESCRIB	ED HEREIN IS SUBJECT T		
E. INSR	_	JSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN F	POLICY EFF	PAID CLAIMS POLICY EXP	<u>.</u>		
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	4 000 000
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:								\$	
	AUT	FOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS GNET							(* 5. 5.5.5)	\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$							AGGREGATE	\$	
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH- STATUTE ER	Ψ	
	1	PROPRIETOR/PARTNER/EXECUTIVE // N							E.L. EACH ACCIDENT	\$	
	OFFI (Mar	ICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under									
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)		
CE	RTIF	FICATE HOLDER				CANO	CELLATION				
									ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL		
		Traffic Engineering Division				ACC	ORDANCE WI	TH THE POLIC	CY PROVISIONS.	J_ D[	TIVENED IN
		Henrico Department of Publi 4301 E Parham Rd	C W	orks							

ACORD 25 (2016/03)

P.O. Box 90775 Henrico, VA 23228

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AUTHORIZED REPRESENTATIVE

**JKLUG** 

ACORD®

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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tl	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>⊂⊤</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Coving	on Special	ty Insurance (	Compan	y	13027
INSU	IRED				INSURE	RB:					
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:					
	5021 21st St		•		INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUM	/IBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TC	WHICH THIS
INSR LTR			SUBR WVD			POLICY EFF (MM/DD/YYYY)			LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	1130	****			(MINI/DD/11111)	(1111)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occi	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000
	OTHER:								701 7.00	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
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	NOTES SINE!							, , , , , , , , , , , , , , , , , , , ,		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
								E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
	DTIFICATE LIQUES				041	CELLATION					
<u>CE</u>	Trans Serv Associates, Inc. PO Box 328 Woodstock, VA 22664		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					AUTHO	RIZED REPRESE	NTATIVE				

ACORD®

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PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	g				
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C. No):	(877)	254-8586
	3 Hunter Dr Ste 100 ınt Pleasant, WI 53406				E-MAIL ADDRE	ss. jklug@jo	hnsonfina	ncialgroup.co	m		
	•							RDING COVERAGE			NAIC #
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INSU	IRED				INSURE	RB:	•		•		
	Diamond Transportation Sy	etam			INSURE						
	5021 21st St	31011	•		INSURE						
	Racine, WI 53406				INSURE						
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II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI RTAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY					<u> </u>	·····	EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	`					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
CF	RTIFICATE HOLDER				CANO	CELLATION					
<u> </u>	TransCore 11000 SW Stratus, Suite 200 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.						
					AUTHO	RIZED REPRESE	NIATIVE				

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tl	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)					
PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	g				
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL	ss. jklug@jo	hnsonfina	ncialgroup.co	m		
	·							RDING COVERAGE			NAIC #
					INSURE		• •	Ity Insurance	Compan	ıv	13027
INSU	JRED				INSURE	RB:	•	•	•		
	Diamond Transportation Sy	etam	,		INSURE						
	5021 21st St	Stem			INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
CO	VERAGES CER	TIFI	САТЕ	E NUMBER:				REVISION NUM	/IRFR·		
II C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY						······	EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	ED	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COM		\$	2,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident)  BODILY INJURY (Pe	or norson)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (P	•	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EAGU GOOUDDEN	05	\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	CE	\$	
	DED RETENTION\$							AGGREGATE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Φ	
								E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A								·	
	If yes, describe under							E.L. DISEASE - EA		φ.	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
DE0	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	1.50 /	ACODE	2 404 Additional Remarks Sahadi		a attached if man					
		(			,			,			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Trans-Logistics Managemer 13500 Sutton Park Dr S Suit Jacksonville, FL 32224		s Inc	ACC	EXPIRATION CORDANCE WI	N DATE TH TH THE POLIC	ESCRIBED POLIC IEREOF, NOTICI CY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE						

**JKLUG** 



# CERTIFICATE OF LIABILITY INSURANCE

7/2/2021

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.

tl	is certificate does not confer rights t				ıch end	lorsement(s).	,	require air cila	O. Scillell		tatoment on
PRODUCER Johnson Insurance Racine 1103 Hunter Dr Ste 100 Mount Pleasant, WI 53406						ст Julie Klu					
					PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	877)	254-8586
					E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m		Т.
							•	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	у	13027
INSU	RED				INSURE	RB:					
	Diamond Transportation Sy	stem,	, Inc.		INSURE	R C :					
	5021 21st St Racine, WI 53406				INSURE	RD:					
	,				INSURE						
	V=D 1 0=0				INSURE	RF:					
	VERAGES CEF HIS IS TO CERTIFY THAT THE POLICI			ENUMBER:		EEN ICCUED T		REVISION NUN		UE DO	LICY DEDICE
C IN	IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)			LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD	****			(MINING DO) T T T T T	(MINIO D) 1 1 1 1 1	EACH OCCURRENC	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV I	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (PE		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	, E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY DEODDIETOR PARTNER (EYECLITIVE								ÉR	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$	
	BEGON! HON OF OF ENAMONO SCIOW							E.E. DIOLAGE - I GE	JOT LIMIT	Ψ	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is requir	ed)			
					0437	SELLATION:					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Truckstop.com PO Box 370 New Plymouth, ID 83655				THE	EXPIRATION	I DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.			
					AUTHO	RIZED REPRESEI	NTATIVE				

**JKLUG** 

ACORD®

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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.

	is certificate does not confer rights t							require an endorsemen	it. AS	tatement on
PRC	DUCER				CONTAC NAME:	<sup>CT</sup> Julie Klu	g			
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	<sub>), Ext):</sub> (262) 3	21-2326	FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.com		
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	RA: Covingt	on Special	ty Insurance Compar	ıy	13027
INSU	RED				INSURE	RB:				
	Diamond Transportation Sy	stem	, Inc.		INSURE	RC:				
	5021 21st St Racine, WI 53406				INSURE	RD:				
	11400, 111 00 100				INSURE					
					INSURE	RF:				
				E NUMBER:	LIAN/E DI	EEN IOOUED T		REVISION NUMBER:		LIOV DEDICE
11	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQU	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR	XCLUSIONS AND CONDITIONS OF SUCH				BEEN F	POLICY EFF	PAID CLAIMS. POLICY EXP			
LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				DAMAGE TO RENTED	\$	100,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRO-   LOC   LOC							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET							(i or doordont)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES TST	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC L, Inc., is included as an additional insu	LES (A	ACORE on the	o 101, Additional Remarks Schedu eir General Liability policy	ile, may b per the	e attached if mor policy forms,	e space is requir , conditions a	ed) and exclusions.		
					CANC	TILLATION				
CE	RTIFICATE HOLDER				CANC	ELLATION				
	TSTL, Inc. 3111 Grand Avenue Pittsburgh, PA 15225				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	<u>.</u>				AUTHO	RIZED REPRESEI	NTATIVE			



DATE (MM/DD/YYYY)
7/2/2021

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

ti	nis certificate does not confer rights t	o the	certi	ificate holder in lieu of su							
PRC	DUCER				CONTA NAME:	<sup>CT</sup> Julie Klu	g				
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C. No	. Fxt): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.con	n		
						INS	URER(S) AFFOI	RDING COVERAGE			NAIC #
					INSURE		• •	Ity Insurance C	ompan	ıy	13027
INS	JRED				INSURE	RB:					
	Diamond Transportation Sy	stem			INSURE	RC:					
	Diane Dahse 5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE	RE:					
					INSURE	RF:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				<b>REVISION NUM</b>	BER:		
II C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WIT SED HEREIN IS SU	H RESPE IBJECT T	CT TO	WHICH THIS
LTR	I TPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			VD 4 =00 400		=1010004	= 10 10000	DAMAGE TO RENTE	E E	\$	100,000
	CLAIMS-MADE X OCCUR	X		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	5,000
								MED EXP (Any one p	erson)	\$	1.000.000
								PERSONAL & ADV II		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO-							GENERAL AGGREG		\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP	OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Per	r person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per	r accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	т	\$	
								E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
DES Tuto	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC or Perini Corporation is additional insur	LES (A	ACORE th res	o 101, Additional Remarks Schedu spect to General Liability.	ile, may b	e attached if mor	e space is requii	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
	Tutor Perini Corporation	1 F.	uine	nent Management	THE	EXPIRATION	N DATE TH	ESCRIBED POLICI IEREOF, NOTICE CY PROVISIONS.			

ACORD 25 (2016/03)

15901 Olden St

Sylmar, CA 91342

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AUTHORIZED REPRESENTATIVE

ACORD®

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/2/2021

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lf	SUB	ROGATION IS V	VAIVED, subjec	ct to	the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the po	licy, certain ¡	policies may				
PRO	DUCER	l					CONTA	ст Julie Klu	ıg				
		Insurance Racine	9							F	AX A/C No)·(	877)	254-8586
		iter Dr Ste 100 easant, WI 53406					E-MAIL	ss. jklug@jo	hnsonfina	ncialgroup.com	40, NO). (	,	
		,					ADDICE			RDING COVERAGE			NAIC#
							INSLIDE		• •	Ity Insurance Co	ompan	v	13027
INSU	RED						INSURE		оп ороски	ity incurance ex	J.III Daii		10021
		Diamond Tra	nonertation Cur	-4			INSURE						
		5021 21st St	nsportation Sys	stem			INSURE						
		Racine, WI 53	3406				INSURE						
	/ED/	NOTE:	CED	TIFI	~ A T	NUMBED.	INSURE	KF:		DEVICION NUME	DED.		
		AGES				ENUMBER:	LIAVE D	FEN ISSUED 3		REVISION NUME		LIE D	
IN CI	DICA <sup>T</sup> ERTIF	TED. NOTWITHST	ANDING ANY R SUED OR MAY	EQU PER	IREMI TAIN,	SURANCE LISTED BELOW I ENT, TERM OR CONDITIO THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH BED HEREIN IS SUE	RESPE	CT T	O WHICH THIS
INSR LTR		TYPE OF INSUR	RANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
Α	Х	COMMERCIAL GENER	AL LIABILITY	11100	1112			(IIIIIII DD) 1 1 1 1 j	\mathred{mathred}	EACH OCCURRENCE		\$	1,000,000
		CLAIMS-MADE	X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurre	)	\$	100,000
										MED EXP (Any one pe	, I	\$	5,000
										PERSONAL & ADV IN.		\$	1,000,000
	GENI	L AGGREGATE LIMIT A	DDI IES DED:							GENERAL AGGREGA		\$	2,000,000
		POLICY PRO- JECT	LOC										2,000,000
										PRODUCTS - COMP/O	DP AGG	\$	• • •
		OTHER: DMOBILE LIABILITY								COMBINED SINGLE L (Ea accident)	IMIT	\$	
		ANY AUTO								BODILY INJURY (Per	person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per a	accident)	\$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
												\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE		\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTIC	DN \$									\$	
	WORK	KERS COMPENSATION	,							PER STATUTE	OTH- ER	•	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER								E.L. EACH ACCIDENT		\$	
	OFFIC (Mand	ROPRIETOR/PARTNER ER/MEMBER EXCLUDE latory in NH)	D?	N/A						E.L. DISEASE - EA EM			
	If ves.	describe under RIPTION OF OPERATION								E.L. DISEASE - POLIC		\$	
	DEGO	INI HONOI OI EKATIO	DIVO DEIOW							E.E. DIOLAGE - I GEIG	, I LIIVII I	Ψ	
DES	DIDT!	ON OF ODED ATIONS / I	OCATIONS / VEHICL	LES /	ACORE	D 101, Additional Remarks Schedu	ılo mayıb	o attached if mor	o enaco le reguli	rod)			
חבאנ	/KIP 110	ON OF OPERATIONS / I	LOCATIONS / VEHICI	LES (	ACOKL	7 101, Additional Remarks Schedu	ne, may b	e attached if Mor	e space is requii	ieuj			

CERTIFICATE HOLDER

CANCELLATION

U.S. Convention and Cargo Group P.O. Box 522494 Longwood, FL 32752 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

li H



7/2/2021

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ti	nis certificate does not confer rights to the confe				ıch end			require an endorseme	iii. A	Statement on	
	nson Insurance Racine					o, Ext): (262) 3		FAX	. /977	) 254-8586	
110	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				(A/C, N	<sub>o, Ext):</sub> (202) 3	hnsonfina	(A/C, No ncialgroup.com	):(0//	) 254-6566	
IVIO	ant i leasant, Wi 33400				ADDRE			RDING COVERAGE		NAIC #	
					INICIIDI		• •	ty Insurance Compa	anv	13027	
INSU	JRED				INSURE		оп ороски	ty mourance comp	<u>y</u>	10021	
	Diamond Transportation Sy	stem			INSURE						
	5021 21st St				INSURE						
	Racine, WI 53406				INSURE	ER E :					
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CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER	R DOCUMENT WITH RES ED HEREIN IS SUBJECT	PECT T	O WHICH THIS	
LTR	I TPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIN	IITS	1 000 000	
Α	X COMMERCIAL GENERAL LIABILITY			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			=/-/	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
	OFAUL ACCRECATE LUAUT APPLIES PER							PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:    X   POLICY   PRO- JECT   LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
	OTHER:							PRODUCTS - COMP/OF AGO	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO							BODILY INJURY (Per person)	Ť		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accider			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYI			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	Γ \$		
GAL LLC Cha	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remains following equipment providers are named as additional insured wite GAL), Hamburg sud north america, Inc., Matson Navigation Company of Ltc, Tote Maritime Puetro Rico LLC, XPO Stacktrain LLC, Somers Isles Chassis Lessors (Non UIAA EP) A waiver of subrogation is in favor of the certificate holder					L&T Foodtrar	ns LLC, Pash	a Hawaii Holdings LLC,	Tiger	Cool Express	
CE	RTIFICATE HOLDER				CAN	CELLATION					
	UIIA 11785 Beltsville Dr Ste 1100 Calverton, MD 20705-4048		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.					
	Caiverton, WD 20103-4046				AUTHORIZED DEDDECENTATIVE						



7/2/2021

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th	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su							
	DUCER			<sup>CT</sup> Julie Klu							
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX (A/C, No):	(877)	254-8586
	int Pleasant, WI 53406							ncialgroup.co	m		
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #
					INSURE	R A : Covingt	on Special	ty Insurance	Compan	y	13027
INSU	JRED				INSURE	RB:					
	Diamond Transportation Sys	stem			INSURE	RC:					
	5021 21st St				INSURE	RD:					
	Racine, WI 53406				INSURE						
					INSURE						
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUM	/IBER:		-
	HIS IS TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED T				HE PC	DLICY PERIOD
	NDICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH							ED HEREIN IS S	OBJECTI	O ALL	THE TERMS,
INSR LTR		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MIM/DD/TTTT)	(MIN/DD/TTTT)	EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR	х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT	ED	\$	100,000
		^		12/11/00/100		7,0,2021	77072022	PREMISES (Ea occi		\$	5,000
								MED EXP (Any one		\$ \$	1,000,000
	OFAUL ACCRECATE LIMIT APPLIES PER							PERSONAL & ADV			2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:    X   POLICY   PRO- JECT   LOC							GENERAL AGGREC		\$	2,000,000
								PRODUCTS - COMI	P/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
	ANY AUTO							(Ea accident)	,	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		\$	
								BODILY INJURY (PEROPERTY DAMA)		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ĔR		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES Unit	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Move Logistics, LLC are additional insi	LES (A	ACORE with	   101, Additional Remarks Schedu   respect to General Liability	ile, may b	e attached if more	e space is requir	ed)			
	-			·							
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Unit Move Logistics, LLC P.O. Box 362043				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTICI Y PROVISIONS.			
	Birmingham, AL 35236				AUTHORIZED REPRESENTATIVE						
					م	. 16					

ACORD®

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

th	nis certificate does not confer rights to				ıch enc	lorsement(s).		require an end	orsemen	ı. AS	
_	DUCER nson Insurance Racine					CT Julie Klu			FAX	/o=-\	054 0500
110	3 Hunter Dr Ste 100				(A/C, No	o, Ext): (∠७८) 3	21-2326	acialaroup ac	(A/C, No):	(877)	254-8586
Mou	unt Pleasant, WI 53406				ADDRE			ncialgroup.co	m		Т
							• •	RDING COVERAGE ty Insurance	Compon		NAIC #
INSI	JRED						on Special	ty msurance	Compan	ıy	13027
INSC			lna		INSURE						
	Diamond Transportation Sys 5021 21st St	tem	, inc.		INSURE						
	Racine, WI 53406				INSURE						
					INSURE						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WI	TH RESPE	CT TC	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ		\$	100,000
								MED EXP (Any one	•	\$	1,000,000
	OFAUL ACCRECATE LIMIT APPLIES DED.							PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							PRODUCTS - COM		\$ \$	2,000,000
	OTHER:							PRODUCTS - COM	P/OP AGG	\$ \$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (/	ACORL	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	ed)			
CE	RTIFICATE HOLDER				CANCELLATION						
	United Rentals C/O Transportation Insight				THE	EXPIRATION	N DATE TH	ESCRIBED POLIC EREOF, NOTIC Y PROVISIONS.			
	PO BOX 23000 Hickory, NC 28602				AUTHORIZED REPRESENTATIVE						



DATE (MM/DD/YYYY) 7/2/2021

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ti	nis certificate does not confer rights t							require air end	OI SCIIICII	A 3	tatement on
PRC	DUCER				CONTAC NAME:	ਾ Julie Klu	g				
	nson Insurance Racine					, Ext): (262) 3			FAX (A/C. No):	(877)	254-8586
	3 Hunter Dr Ste 100 ınt Pleasant, WI 53406				E-MAIL	ss. jklug@jo	hnsonfinai	ncialgroup.co	m	. ,	
	,				7,22,1,2			RDING COVERAGE			NAIC#
					INSURE		•	ty Insurance	Compar	ıv	13027
INSU	JRED				INSURE			.,		,	1
	Diamond Transportation Sy	ctom	Inc		INSURE						
	5021 21st St	Steili	, 1110.		INSURE						
	Racine, WI 53406				INSURER E :						
					INSURE						
	VERAGES CER	TIEI	CATE	NUMBER:	INOUNE	KT.		REVISION NUI	MDED.		
T IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	ES O REQU PER	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC 'THE POLICI	O THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO R DOCUMENT WI	VE FOR T	CT TC	WHICH THIS
	XCLUSIONS AND CONDITIONS OF SUCH		CIES.		BEEN F						
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	1,000,000
	CLAIMS-MADE X OCCUR		X	VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	urrence)	\$	100,000
								MED EXP (Any one	person)	\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI			
non	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ed Rentals Inc., and its affiliates, its dir contributory basis. aiver of subrogation in favor of additior					e attached if mornal al insured wit	e space is requir h respect to	ed) General Liability	on a prii	nary	
CE	RTIFICATE HOLDER				CANC	ELLATION					
	United Rentals Inc., and its and 100 First Stamford Place, Substanting Stamford, CT 06902				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						
					[	11					

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY)
7/2/2021

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.

this	s certificate does not confer rights to	o the	cert	ificate holder in lieu of su								
PROD					CONTACT Julie Klug							
	son Insurance Racine Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (262) 3	21-2326		FAX   (A/C, No):	(877)	254-8586	
	t Pleasant, WI 53406				E-MAIL ADDRES	<sub>ss:</sub> jklug@jo	hnsonfinar	ncialgroup.co	m			
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC #	
					INSURE	R A : Covingt	on Special	ty Insurance	Compan	ıy	13027	
INSUR	ED				INSURE	RB:						
	Diamond Transportation Sys	stem	, Inc.		INSURE	RC:						
	5021 21st St				INSURE	RD:						
	Racine, WI 53406				INSURER E :							
					INSURE	RF:						
COV	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:			
IND	S IS TO CERTIFY THAT THE POLICIE PICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT	TH RESPE	CT TC	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	. 02.01 1102.1		(WIW/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT	ED	\$	100,000	
r								PREMISES (Ea occ MED EXP (Any one		\$	5,000	
								PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
	X POLICY PECT LOC							PRODUCTS - COM		\$	2,000,000	
	OTHER:							T ROBOTO - COM	1701 400	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	VORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
1	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? Mandatory in NH)	,,						E.L. DISEASE - EA	EMPLOYEE	\$		
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requir	red)				
CER	TIFICATE HOLDER				CANC	ELLATION						
	United Rentals, Inc. C/O Transportation Insight P.O. Box 23000				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Hickory, NC 28603				AUTHO	RIZED REPRESEI	NTATIVE					
					1. 4							

**JKLUG** 



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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.

	r SUBROGATION IS WAIVED, subject his certificate does not confer rights to											
	DDUCER				CONTACT Julie Klug							
Joh	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C. No):	(877)	254-8586	
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRES	<sub>ss.</sub> jklug@jo	hnsonfina	ncialgroup.co				
								RDING COVERAGE			NAIC #	
					INSURE	R A : Covingt	on Special	ty Insurance	Compar	ıy	13027	
INSU	URED				INSURE	RB:						
	Diamond Transportation Sys	stem,	, Inc.		INSURE	RC:						
	5021 21st St Racine, WI 53406				INSURE	RD:						
	Naome, 141 33400				INSURE						+	
					INSURE	RF:						
				E NUMBER:				REVISION NU				
IN.	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI PERTIFICATE MAY BE ISSUED OR MAY	EQUI	REM	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT W	ITH RESPE	CT TC	WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH I		CIES.		BEEN F							
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMITS			1 000 000	
Α	X COMMERCIAL GENERAL LIABILITY	Х		VD 4 =00 400		=1010004	= 10 10000	EACH OCCURRENT	ICE TED	\$	1,000,000 100,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN' PREMISES (Ea occ		\$	5,000	
								MED EXP (Any one person)		\$	1,000,000	
	OFAUL ACCORDANTE LIMIT APPLIES DED.							PERSONAL & ADV		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							GENERAL AGGRE		\$	2,000,000	
	OTHER:							PRODUCTS - CON	IP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED	ОТН	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE		\$		
	If ves, describe under							E.L. DISEASE - EA				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$		
DES	GCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	CORE	101. Additional Remarks Schedu	ıle. mav b	e attached if more	e space is requir	red)				
Unli	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL imited Logistics, LLC is additional insure	ed wi	th re	spect to General Liability v	when re	quired by wri	tten contract	or agreement.				
CE	RTIFICATE HOLDER				CANC	ELLATION						
	Unlimited Logistics, LLC 7500 W 161st Street			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Stilwell, KS 66085				AUTHORIZED REPRESENTATIVE							
					A . LA							

**JKLUG** 

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2021

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

ti	nis certificate does not confer rights t	o the	tne certi	terms and conditions of ificate holder in lieu of su								
PRC	DUCER				CONTACT Julie Klug							
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE   (A/C, No	o, Ext): (262) 3	321-2326			(877)	254-8586	
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.c	om			
						INS	SURER(S) AFFO	RDING COVERAGE			NAIC #	
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compar	ıy	13027	
INSU	IRED				INSURE	RB:						
	Diamond Transportation Sy	stem	ı		INSURE	R C :						
	5021 21st St Racine, WI 53406				INSURE	RD:						
	Racille, WI 53400				INSURE	RE:						
					INSURE	RF:						
				E NUMBER:	REVISION NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHEFIES DESCRIE	R DOCUMENT W BED HEREIN IS	ITH RESPE	CT TO	O WHICH THIS	
INSR			SUBR		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					'S		
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO REN PREMISES (Ea or	NTED ccurrence)	\$	100,000 5,000	
				MED EXP (Any o			\$	1,000,000				
								PERSONAL & AD		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC							GENERAL AGGR		\$	2,000,000	
	X POLICY PRO- OTHER:							PRODUCTS - CO	MP/OP AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$		
	ANY AUTO							BODILY INJURY (	Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (	Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAM (Per accident)	AGE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							DED	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCID	ENT	\$		
	If ves. describe under							E.L. DISEASE - E.	A EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - P	OLICY LIMIT	\$		
DE0	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		1000	404 Addistract Describe October								
CE	RTIFICATE HOLDER				CANO	CELLATION						
	Utley Inc 2370 York Rd Bldg B Jamison, PA 18929			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	•				AUTHORIZED REPRESENTATIVE							

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**JKLUG** 

ACORD°

# **CERTIFICATE OF LIABILITY INSURANCE**

7/2/2021

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tł	is certificate does not confer rights t				ıch end	lorsement(s).		require air cila	J. Joinen		tatoment on	
	DUCER		_		CONTACT Julie Klug							
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	877)	254-8586	
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coı	n		Т.	
							•	RDING COVERAGE			NAIC #	
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	у	13027	
INSU	RED				INSURE	R B :						
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C:						
	5021 21st St Racine, WI 53406				INSURE	RD:						
	11400, 111 00 100				INSURER E:							
					INSURE	RF:						
				E NUMBER:		EEN IOOUED T		REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD			POLICY EFF POLICY EXP (MM/DD/YYYY)				LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY	INOD	****			(WIND DITTITI	(MIND D/1111)	EACH OCCURRENC	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV I	NJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000	
	X POLICY PRO- LOC							PRODUCTS - COMF	P/OP AGG	\$	2,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$		
	If yes, describe under							E.L. DISEASE - EA E				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is requir	red)				
CE	RTIFICATE HOLDER				CANO	ELLATION						
	Valmont Industries, Inc. 28800 Ida Street			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Valley, NE 68064				AUTHO	RIZED REPRESEN	NTATIVE					

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

ti	nis certificate does not confer rights t							require air ene	ioi scilicii	A 3	tatement on	
PRC	DUCER				CONTACT Julie Klug							
	nson Insurance Racine 3 Hunter Dr Ste 100					o, Ext): (262) 3			FAX (A/C, No):	(877)	254-8586	
	int Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.co	m			
						INS	URER(S) AFFO	RDING COVERAGE			NAIC #	
					INSURE	R A : Coving	ton Specia	Ity Insurance	Compan	ıy	13027	
INSU	JRED				INSURE	RB:						
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :						
	5021 21st St				INSURE	RD:						
	Racine, WI 53406				INSURE	RE:						
					INSURE	RF:						
СО	VERAGES CER	TIFI	CATE	E NUMBER:	REVISION NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR .LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY FEE POLICY FYP				LIMIT	MITS		
Α	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENT PREMISES (Ea occ	TED currence)	\$	100,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	Per nerson)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	•	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	AUTOS ONET							(i ci deoident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	.02	\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	<u>,                                      </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER				CANO	ELLATION						
	Werner Enterprises INC, Ins PO Box 45214 Omaha, NE 68145-0214	uran	ce Co	ompliance	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							

**JKLUG** 

ACORD°

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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.

tl	is certificate does not confer rights to											
PRO	DUCER				CONTACT Julie Klug							
	nson Insurance Racine					o, Ext): (262) 3			FAX (A/C. No)-	877) 2	254-8586	
	B Hunter Dr Ste 100 Int Pleasant, WI 53406				E-MAIL	ss. jklug@jo	hnsonfinar	ncialgroup.com	m			
	,				7.55			DING COVERAGE			NAIC #	
					INSURE			ty Insurance (	Compan	v	13027	
INSL	RED				INSURE		оп оросии	.,			10021	
	Diamond Transportation Sys	otom	Inc		INSURE							
	5021 21st St	stem,	, inc.		INSURE							
	Racine, WI 53406				INSURER E :							
					INSURER F:							
	VERAGES CER	TIEIC	`	NUMBER:	REVISION NUMBER:							
	HIS IS TO CERTIFY THAT THE POLICIE				UAVE DI	EEN ISSUED T					LICY BEDIOD	
IN C	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICII	CT OR OTHER ES DESCRIBI	DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	11430	****			(11111)	(	EACH OCCURRENC		\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED ED	\$	100,000	
								MED EXP (Any one p	· · · · · · · · · · · · · · · · · · ·	\$	5,000	
								PERSONAL & ADV I		\$	1,000,000	
OFAUL ACCORDANTE LIMIT APPLIES DED.										\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000	
	OTHER:							PRODUCTS - COMP	-/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$		
	7,0,00 0,12,									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL				
DES	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CE	RTIFICATE HOLDER				CANC	ELLATION						
	Whayne Supply Co. 1400 Cecil Ave Louisville, KY 40211				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHO	RIZED REPRESEN	NTATIVE					



DATE (MM/DD/YYYY)
7/2/2021

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٠.	ne commedia accomentation riginio			moato moraor in moa or oc								
PRC	DUCER				CONTA NAME:	<sup>с⊤</sup> Julie Klu	g					
	nson Insurance Racine					o, Ext): (262) 3		FAX (A/C, No):	(877)	254-8586		
	3 Hunter Dr Ste 100 unt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.com	• •			
	,							RDING COVERAGE		NAIC #		
					INSURE			Ity Insurance Compar	1V	13027		
INS	JRED				INSURE		•					
	Diamond Transportation Sy	stem	. Inc.		INSURE	R C :						
	5021 21st St		,		INSURE	RD:						
	Racine, WI 53406				INSURER E :							
					INSURER F:							
CC	VERAGES CEF	RTIFI	CATE	NUMBER:	REVISION NUMBER:							
11 C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT 1	ECT T	O WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
Α	X COMMERCIAL GENERAL LIABILITY		,			(2000)	,	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	Х		VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
								MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE	\$			
	DED RETENTION \$							PER OTH-	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER				
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT				
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DIGLAGE - FOLICT LIMIT	Ψ			
DES Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ificate Holder and General Motors Com	ELES (A	acort are r	D 101, Additional Remarks Schedu named as additional insure	ile, may b	e attached if mor spects Gener	e space is requii al Liability.	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
	XPO NLM 300 Galleria Officentre, Suit Southfield, MI 48034	e 301			ACC	EXPIRATION CORDANCE WI	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE							
						·						

**JKLUG** 

ACORD'

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
7/2/2021

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tł	is certificate does not confer rights t				ıch end	lorsement(s).			oi scillell		tatomont on	
	DUCER		_		CONTACT Julie Klug							
	nson Insurance Racine 3 Hunter Dr Ste 100				PHONE (A/C, No	o, Ext): (202) 3	21-2326		(A/C, No):	(877)	254-8586	
	nt Pleasant, WI 53406				E-MAIL ADDRE	<sub>ss:</sub> jklug@jo	hnsonfina	ncialgroup.coı	m		_	
							•	RDING COVERAGE			NAIC #	
					INSURE	R A : Covingt	on Special	ty Insurance (	Compan	y	13027	
INSU	RED				INSURE	R B :						
	Diamond Transportation Sy	stem	, Inc.		INSURE	R C :						
	5021 21st St Racine, WI 53406				INSURE	RD:						
	1146.116, 111 66 166				INSURER E:							
					INSURE	RF:						
				E NUMBER:				REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)			LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY	INOD	1111			(MINUDD/1111)	(MINUDD/1111)	EACH OCCURRENC	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			VBA763180		7/3/2021	7/3/2022	DAMAGE TO RENTI PREMISES (Ea occu		\$	100,000	
					MED EXP (Any one		\$	5,000				
								PERSONAL & ADV I	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$	2,000,000	
	X POLICY PRO- LOC							PRODUCTS - COMF	P/OP AGG	\$	2,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iE .	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$		
	If yes, describe under							E.L. DISEASE - EA E				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if more	e space is requir	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
	YRC Logistics 10990 Roe Ave Overland Park, KS 66210			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
					AUTHO	RIZED REPRESEI	NTATIVE					