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2 Messages

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Certificate of insuran...



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**CERTIFICATE OF LIABILITY INSURANCE**

THIS CONTRACTUAL FORM IS PROVIDED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 endorsements.

PRODUCER Reliance Partners, LLC PO BOX 11221 Chattanooga, TN 37401	CONTACT PHONE (Local, Ext.) (877) 668-1704 FAX (Local, No.) (866) 553-6202 E-MAIL: certificates@reliancepartners.com	SDHURIA DATE (MM/DD/YYYY) 7/22/2024
INSURED  POWELL & SON TRUCKING LLC PO BOX 353 JACKSON, NC 27845-0353	INSURER(S) AFFORDING COVERAGE INSURER A: Stonewood Insurance Company 11828 INSURER B: Great Lakes Insurance SE 340043 INSURER C: GREAT AMERICAN INSURANCE CO. 16691 INSURER D: INSURER E: INSURER F:	NAIC #

**COVERS** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any statement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					
	GENL/AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: <input type="checkbox"/>					
A	AUTOMOBILE LIABILITY	JST100560501		11/19/2023	11/19/2024	COMBINED SINGLE LIMIT (\$Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (\$per accident) \$
	ANY AUTO <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS Hired Autos Only <input type="checkbox"/>					
	UMBRELLA LAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Member of Board of Directors or Officers) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHR <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Physical Damage	3196APD100150		11/19/2023	11/19/2024	Comp/Coll Ded 1,000
C	Motor Truck Cargo	IMP232129201		11/19/2023	11/19/2024	Ded \$1,000 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
1991 FREIGHTLINER VIN#38932 COMP/COLL DED \$2,500  
Physical Damage Coverage only applies to the equipment scheduled on the above referenced Physical Damage policy subject to the terms and conditions of the policy.

VIN SMC12481BS219056, 2004 MANAC TRAILER, Reg State NC  
VIN 1FUJU1CY06MH538932, 1991 FREIGHTLINER TRACTOR, Reg State NC  
VIN 2HSCWAPR46CS43210, 2008 INTERNATIONAL TRACTOR, Reg State NC  
SEE ATTACHED ACORD 101

**CERTIFICATE HOLDER**

POWELL & SON TRUCKING LLC 107 BEAMON ST JACKSON, NC 27845	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>John Cogbill</i>

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**AGENCY CUSTOMER ID: POWE&SO-01** **SDHURIA**  
LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE** Page 1 of 1

AGENCY Reliance Partners, LLC	NAMED INSURED POWELL & SON TRUCKING LLC PO BOX 353 JACKSON, NC 27845-0353
POLICY NUMBER SEE PAGE 1	SEE P 1 EFFECTIVE DATE SEE PAGE 1
CARRIER SEE PAGE 1	NAIC CODE

**ADDITIONAL REMARKS**  
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:  
VIN 1TF48207S1047876, 1995 TRANSCRAFT TRAILER, Reg State NC  
VIN 3HSCUAPR1BN356809, 2011 INTERNATIONAL TRACTOR, Reg State NC

