

INSUREE:
INSURER F:

COVERAGES

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 REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Policy Number	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (EA occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ Included
							\$
A	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Policy Number	MM/DD/YYYY	MM/DD/YYYY	BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA/LIAB	OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE	\$
							\$
A	DED RETENTION \$					<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHR-
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y/N*	N/A <input checked="" type="checkbox"/>	Policy Number	MM/DD/YYYY	MM/DD/YYYY	ER
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Motor Truck Cargo			Policy Number	MM/DD/YYYY	MM/DD/YYYY	Limit: \$100,000 Per Truck
A	Occupational Accident (Only required if any Proprietor/Partner/Executive Officer/Member excluded on WC)			Policy Number	MM/DD/YYYY	MM/DD/YYYY	Combined Single Limit: \$1,000,000

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

RXO Last Mile, Inc., its affiliates and all customers are listed as Additional Insured with respect to General Liability per CG2026 & CG2037. General liability is hereby endorsed including completed operations. RXO Last Mile, Inc., its affiliates and all customers are listed as Additional Insured with respect to Auto Liability per CA2048. Waiver of Subrogation is included on Auto Liability, General Liability & Workers Compensation in favor of RXO Last Mile, Inc., its affiliates and all customers. Coverage under General Liability & Auto Liability is considered Primary & Non-Contributory. No water Damage Exclusions on General Liability. 30 Day Notice of Cancellation to the certificate holder is included on all policies.
Note : VIN must be specified if Auto Liability policy symbol is Scheduled Auto.

CERTIFICATE HOLDER

CANCELLATION

RXO Last Mile, Inc. and its affiliates and customers C/O RXO Last Mile Compliance PHPI 222 Gateway Rd. W. Napa, CA 94558	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 Signature

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ACORD 25 (2010/05)

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