



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**06-20-2024**

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).

PRODUCER <b>Folsom Insurance</b> <b>421 West Main Street</b> <b>Mabank, TX 75147</b>	CONTACT NAME: <b>Heather Hanes</b>	
	PHONE (A/C, No, Ext): <b>(903)802-7073</b> FAX (A/C, No): <b>(999)999-9999</b>	
	E-MAIL ADDRESS: <b>Heather@codyfolsominsurance.com</b>	
INSURED <b>WESLEY &amp; HUGHES TRUCKING LLC</b> <b>5717 BURNS ST</b> <b>DETROIT, MI 48213</b>	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Accredited Specialty Insurance Company</b>	<b>16835</b>
	INSURER B: <b>Trisura Specialty Insurance Company</b>	<b>16188</b>
	INSURER C: <b>Cover Whale as Coverholder for Certain Underwriters at Lloyd's</b>	<b>15792</b>
	INSURER D:	
	INSURER E:	
	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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			TPM4563135-00	06/03/2024	06/03/2025	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>				
			MED EXP (Any one person) \$ <b>5,000</b>				
			PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	OTHER:						\$
A	AUTOMOBILE LIABILITY			2-CWH-MI-19-S0128728-00	05/17/2024	05/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
B	CARGO			CW4648679-00	05/17/2024	05/17/2025	DEDUCT \$1,000 \$100,000
B	PHYSICAL DAMAGE			CW4490798-00	05/17/2024	05/17/2025	DEDUCT \$2,500 \$55,737

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

**3HAEUMML7RL733258 2024 INT'L MV607**  
**USDOT Number: 4233069**  
**MC-1638000**

## CERTIFICATE HOLDER

## CANCELLATION

<b>Janard Hughes</b> <b>5717 Burns</b> <b>Detroit, MI 48213</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 <b>HEATHER HANES</b>

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