



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2023

THIS CERTIFICATE IS ISSUED 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 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		CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 770-679-3634 E-MAIL ADDRESS: service@usherinsurancegroup.com	
Usher Risk Management Group LLC 5878 Covington Highway		INSURER(S) AFFORDING COVERAGE INSURER A: Underwriters of Lloyds at London	
Decatur GA 30035		NAIC # 15642	
INSURED		INSURER B: Trisura Specialty Insurance Company	
TLJ LOGISTICS LLC 3416 Holly hill parkway		INSURER C:	
Ellenwood GA 30294		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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				
A	COMMERCIAL GENERAL LIABILITY			ATR-B0142AA2004198-495	12/7/2023	12/7/2024	EACH OCCURRENCE	\$ 1,000,000			
	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
							MED EXP (Any one person)	\$ 5000			
							PERSONAL & ADV INJURY	\$ 100,000			
							GENERAL AGGREGATE	\$ 2,000,000			
							PRODUCTS - COMP/OP AGG	\$ 100,000			
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	ANY AUTO						BODILY INJURY (Per person)	\$			
	ALL OWNED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$			
	HIRED AUTOS		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$			
								\$			
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$			
	EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$
	DED		RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	Y / N							PER STATUTE	OTHE-
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A							E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$
B	MOTOR TRUCK CARGO			MIT-UKNAP2300164-0157	12/7/2023	12/7/2024	LIMIT \$1,00,000 DED \$2500				
B	PHYSICAL DAMAGE			MIT-UKNAP2300164-0157	12/7/2023	12/7/2024	VALUE \$45,000 DED \$2500				

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

Vehicles: [See Attached]; Drivers: [See Attached];

CERTIFICATE HOLDER

CANCELLATION

TLJ LOGISTICS LLC 3416 Holly Hill Pkwy	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>Don Usher</i>	
Ellenwood	GA 30294-6523	

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AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY Usher Risk Management Group LLC		NAMED INSURED TLJ LOGISTICS LLC 3416 Holly hill parkway	
POLICY NUMBER MIT-UKNAP2300164-0157			
CARRIER Trisura Specialty Insurance Company	NAIC CODE 16188	EFFECTIVE DATE: 12/7/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Vehicles:
2019, FREIGHTLINER, Cascadia, VIN: 3AKJHHDR6KCKJ8057, (\$45,000)

Drivers:
-Name: Tyrone Jones