



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2021

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).

PRODUCER  Broker / Agency Name and Address	CONTACT NAME: Coverage Contact Name	
	PHONE (A/C, No, Ext): Required	FAX (A/C, No):
INSURED  Name of Milestone Customer (should match Applicant's name)	E-MAIL ADDRESS: E-mail Address of Coverage Contact	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Must have at least one Insurer Named here	
	INSURER B:	
	INSURER C:	
	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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	x	x	GL1234	1/1/2021	1/1/2022	EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MAD <input checked="" type="checkbox"/> OCCURRENCE						\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	x	x	AL1234	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000	
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY							
	(PHYSICAL DAMAGE MAY BE REFLECTED HERE OR IF PURCHASED SEPARATELY, SHOWN BELOW.)							
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB						\$	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
B	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					PER STATUTE	
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER	
	E.L. EACH ACCIDENT						\$	
	E.L. DISEASE - EA EMPLOYEE						\$	
	<input type="checkbox"/> PRIMARY PHYSICAL DAMAGE (Trailer Interchange is not an acceptable form of Physical Damage coverage)	x		PD1234	1/1/2021	1/1/2022	Blanket Limit:	
							\$ Highest on rent value	
							Comp / Collision Deductibles:	
							\$2,500 / \$2,500	

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

Certificate Holder is named as additional insured on General Liability and Auto Liability and loss payee on the Physical Damage, as applicable  
Description of Scheduled Equipment, as required (Value of equipment should be listed if scheduled for Physical damage)

## CERTIFICATE HOLDER

## CANCELLATION

Milestone Trailer Leasing LLC and its affiliates ISAOA  
1520 S. 5th Street, Ste 270  
St Charles, MO 63303

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

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