



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2020

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 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).

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|---|---------------------------------------|--------------------------|
| PRODUCER LuckyTruck, Inc. 555 Stanley Ave Cincinnati, Ohio 45226 | CONTACT test 1 NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | Email | |
| | ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURER A : Progressive Mountain Insurance Company | | NAIC # |
| INSURED CDN Logistics, Inc. 460 CARRIAGE GATE TRL SW ATLANTA, GA 30331-6842 USA (973) 902-3177 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGE 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | |
|--------------------------------|---|-----------|----------|--------------------|-------------------------|-------------------------|---|----------------------|--------|----|-----------------------|--|--|-------------------------------|--|--|--------------------------------|--|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ EACH OCCURRENCE \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$ | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | a021k000005mPLwAAM | 2020-03-20 | 2020-03-31 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ COMBINED SINGLE LIMIT (Per accident) \$ _____ \$ | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <table border="1"> <tr> <td>WC STATU TORY LIMITS</td> <td>OTHE R</td> <td>\$</td> </tr> <tr> <td colspan="3">E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="3">E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="3">E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table> | WC STATU TORY LIMITS | OTHE R | \$ | E.L. EACH ACCIDENT \$ | | | E.L. DISEASE - EA EMPLOYEE \$ | | | E.L. DISEASE - POLICY LIMIT \$ | | |
| WC STATU TORY LIMITS | OTHE R | \$ | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT \$ | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE \$ | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT \$ | | | | | | | | | | | | | | | | | | | |
| | 2018 Freightliner X125645T Deductible | | | | | | \$120,000 Stated Value \$2,500 | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Penske Truck Leasing CO, LP and its partners are named as additional insured and loss payee for all vehicles leased or rented from Penske Truck Leasing CO, LP, including substituted, extra permanent, replacement, or in interim vehicles. Please be advised that additional insureds and loss payees will be notified in the event of mid-term cancellation.

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| CERTIFICATE HOLDER test 1 test | CANCELLATION 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 |
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