

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2020

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 rights to the certificate holder in lieu				quire an	endorsement	. A statement	on this certificate does	not confer	
PRODUCER					CONTACT Devin's				
LuckyTruck, Inc. 555 Stanley Ave Cincinnati, Ohio 45226					NAME: PHONE FAX (A/C, No, Ext):				
					INSURER(S) AFFORDING COVERAGE				
					INSURER A: Progressive Mountain Insurance Company				
INSURED				INSURER B:					
CDN Logistics, Inc. 460 CARRIAGE GATE TRL SW				INSURER C:					
ATLANTA, GA 30331-6842 USA				INSURER D:					
(973) 902-3177				INSURER E:					
				INSURER F:					
COVERAGE CERTFICATE NUMBER:					REVISION NUMBER BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE				
FOR THE POLICY PERIOD INDICAT OTHER DOCUMENT WITH RESPEC BY THE POLICIES DESCRIBED HER SHOWN MAY HAVE BEEN REDUCI	ED. N T TO Y EIN IS ED BY	OTW WHIC S SUE	TTHSTANDING ANY I TH THIS CERTIFICATE BJECT TO ALL THE THE	REQUIR E MAY B	EMENT, TER SE ISSUED O XCLUSIONS	M OR COND R MAY PERT AND COND	OITION OF ANY CONT CAIN, THE INSURANC	RACT OR E AFFORDED	
INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR							EACH OCCURRENCE	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
POLICY PROJECT LOC								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
ANY AUTO							,	\$	
ALL OWNED SCHEDULED							` ' '		
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) COMBINED SINGLE LIMIT	\$	
HIRED AUTOS AUTOS							(Per accident)	\$	
			a021k000006bSK6AA	М	2020-05-01	2021-03-31		\$	
WORKERS COMPENSATION AND EMPLOYEDS LABBLETY Y/N							WC STATU OTHE TORY LIMITS R	\$	
AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below									
								\$	
2018 Freightliner X125645T							\$120,000 State	ed Value	
Deductible							\$2,500		
Penske Truck Leasing CO, LP and from Penske Truck Leasing CO, L advised that additional insureds an	its p	artne	rs are named as add	itional i	nsured and	loss payee	for all vehicles lease interim vehicles. Pl llation.	d or rented ease be	
CERTIFICATE HOLDER				CANCI	TI LATION				
					CANCELLATION				
Devin's Truck				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORI	AUTHORIZED REPRESENTATIVE				
					A 0,				

ACORD 25 (2010/05)