

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

03/26/2020

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 in the certificate does not confer the conference of the policy of the

CONTACT Sef   SANCE   Stanley Ave   Cincinnati, Ohio 45226   Sance		oject to the terms and conditions of hts to the certificate holder in lieu o				quire an	endorsement	. A statement	on this certificate does	not confer	
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Cincinnati, Ohio 45226    Email Agreement	LuckyTruck, Inc.										
INSURER A: Progressive Mountain Insurance Company  INSURER A: Progressive Mountain Insurance Company  INSURER B:  CDN Logistics, Inc.  460 CARRIAGE GATE TRL SW ATLANTA, GA 30331-6842 USA  (973) 902-3177	555 Stanley Ave										
INSURER A: Progressive Mountain Insurance Company  INSURER B:  CDN Logistics, Inc.  460 CARRIAGE GATE TRL SW ATLANTA, GA 30331-6842 USA (973) 902-3177  COVERAGE  CERTFICATE NUMBER:  INSURER E: INSURER F:  COVERAGE  CERTFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIEY 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.  INSIR  INSIR  TYPE OF INSURANCE  ADDIL WIRD  COMMERCIAL GENERAL LIABILITY  ANY AUTO  AUTOMOBILE LIABILITY  ANY AUTOM  AUTOMOBILE LIABILITY  AUTOMOBILE LIABILITY  AUTOMOBILE LIABIL	Cincinnati, Onio 45226										
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CDN Logistics, Inc. 460 CARRIAGE GATE TRL SW ATLANTA, GA 30331-6842 USA (973) 902-3177  COVERAGE  CERTFICATE 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.  INST  TYPE OF INSURANCE  BY THE POLICY BY OMMODITY 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.  TYPE OF INSURANCE  BOLICY BY OMMODITY WITH BY  COMMERCIAL GENERAL LABBLITY  GENERAL LABBLITY  GENERAL LABBLITY  GENERAL LABBLITY  ANY AUTO  SCHEDULED  AUTOSS  AUTOSSON BY  BOOILY INJURY (Per person)  S BOOILY INJURY (Per person)  S COMMERCIAL BUILTIT  (ES accident)						INSURER A: Progressive Mountain Insurance Company					
ATLANTA, GA 30331-6842 USA (973) 902-3177  COVERAGE  CERTFICATE NUMBER:  INSURER E: INSURER F:  INSURER F:  INSURER F:  INSURER T: INSURER F:  INSURER F:  INSURER F:  INSURER F:  INSURER F: INSURER F:  INSURER F:  INSURER F:  INSURER F:  INSURER F:  INSURER F: INSURER F:  INSURER F: IN						INSURER B:					
ATLANTA, GA 30331-6842 USA  (973) 902-3177    INSURER E:   INSURER F:	CDN Logistics, Inc.					INSURER C:					
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AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE \$	AND EMPLOYERS LIABILITY								E.L. EACH ACCIDENT	\$	
(Mandatory in NH)		(Mandatory in NH)							E L DISEASE - EA EMPLOYEE	\$	
ir yes, describe under		If yes, describe under DESCRIPTION OF OPERATIONS below								Α.	
E.L. DISEASE - POLICY LIMIT  \$											
2018 Freightliner X125645T \$120,000 Stated Value		2018 Freightliner X125645T  Deductible									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  \$2,500	DESC		ICLES (	Attach A	CORD 101. Additional Remarks 5	Schedule, if r	nore space is requir	ed)	\$2,500	)	
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.	Pens	ske Truck Leasing CO, LP and	its pa	artne	rs are named as add	itional i	insured and	loss payee	for all vehicles lease interim vehicles. Plellation.	d or rented ease be	
CERTIFICATE HOLDER CANCELLATION	CERTIFICATE HOLDER						CANCELLATION				
sdf							CINCELLATION				
Sdf  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE					
AUTHORIZED REPRESENTATIVE											