



# 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).

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

**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                                    |    |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|----|
|          | <b>GENERAL LIABILITY</b>  |           |          |               |                         |                         | EACH OCCURRENCE                           | \$ |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                           |           |          |               |                         |                         | EACH OCCURRENCE                           | \$ |
|          |   |           |          |               |                         |                         | MED EXP (Any one person)                  | \$ |
|          |   |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ |
|          |   |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ |
|          |   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |          |               |                         |                         |   | \$ |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |               |                         |                         |   | \$ |
|          | <b>AUTOMOBILE LIABILITY</b>   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$ |
|          | <input type="checkbox"/> ANY AUTO   |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$ |
|          | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS             |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$ |
|          | <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                 |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Per accident)      | \$ |
|          |   |           |          |               |                         |                         |   | \$ |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N <input type="checkbox"/>             |           |          |               |                         |                         | WC STATUTORY LIMITS                       | \$ |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>            |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$ |
|          | (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ |
|          |   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ |
|          | 2018 Freightliner X125645T<br>Deductible  |           |          |               |                         |                         | \$120,000 Stated Value<br>\$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.

**CERTIFICATE HOLDER****CANCELLATION**

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|--|--|
|  | 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<br>  |