

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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)

| certificate floider in fled of such endorsement(s). | | |
|---|--|---------|
| PRODUCER | CONTACT LINDA HASHEM | |
| SAFEWAY INSURANCE AGENCY | PHONE (A/C, No, Ext): 313-581-7100 FAX (A/C, No): 313-58 | 82-7603 |
| 16119 W WARREN AVE | E-MAIL SAFEWAYIN1@GMAIL.COM | |
| DETROIT, MI 48228 | INSURER(S) AFFORDING COVERAGE | NAIC# |
| | INSURER A: NORTHLAND INSURANCE COMPANY | 24015 |
| INSURED | INSURER B: | |
| SBA LOGISTICS LLC | INSURER C: | |
| 1549 MCLAINE ST | INSURER D: | |
| CANTON, MI 48188 | 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 INSR | SUBR WVD | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|-------------|--|--------------|-------------|----------|----------------------------|----------------------------|---|----|
| | GENERAL LIABILITY | | | | , | , | EACH OCCURRENCE \$ 1,000,00 | 00 |
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED \$ 100,00 | 00 |
| | CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) \$ 5,00 | 00 |
| | | | | WN375930 | 6/26/2024 | 6/26/2025 | PERSONAL & ADV INJURY \$ 1,000,00 | 00 |
| | | | | | | | GENERAL AGGREGATE \$ 2,000,00 | 00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,00 | 00 |
| | X POLICY PRO- JECT LOC | | | | | | \$ | |
| А | AUTOMOBILE LIABILITY | | WN375930 | | 6/26/2024 | 6/26/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,00 | 00 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ | |
| | ALL OWNED SCHEDULED AUTOS | | | WN375930 | | | BODILY INJURY (Per accident) \$ | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE \$ | |
| | DED RETENTION \$ | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU- OTH- TORY LIMITS ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | E.L. EACH ACCIDENT \$ | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N / A | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| Α | CARGO | | | WN375930 | 6/26/2024 | 6/26/2025 | CARGO AT A \$250,000 LIMIT / \$1,000 DEDUCTIBLE | |

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

2012 PETERBILT VIN# 1NPSL79X9CD153359

2023 RAM VIN# 3C7WRNFLXPG578811

2013 COTTRELL TRAILER VIN# 5E0AJ1440DG395704

2023 TEXAS PRIDE TRAILER VIN# 7HCK2YGT9PB047799

Driver(s): Zaid Mubarkeh

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| CENTIFICATE HOLDEN | CANCELLATION | | | |
|--|--|--|--|--|
| All-State To State Auto Transport 6700 Alexander Bell Dr, Suite 200 Columbia. MD 21046 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | |
| Coldinate, MD 21010 | AUTHORIZED REPRESENTATIVE | | | |
| | LINDA HASHEM | | | |
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CANCELLATION