



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/29/2017

|  |  |               |
|--|--|---------------|
| <b>PRODUCER</b><br>JLP AGENCY SERVICES LLC<br>3719 N FRY RD SUITE C<br>KATY TX 77449<br>281-599-3741<br>281-599-3840 FAX | <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b> |               |
|  | <b>INSURERS AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
|  | INSURER A: HALLMARK COUNTY MUTUAL  |               |
|  | INSURER B: LLOYDS  |               |
|  | INSURER C:   |               |
| INSURER D:   |  |               |
| INSURER E:   |  |               |

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| <b>INSURED</b><br><br>O & F LOGISTICS LLC<br>20306 MISTY COVE DR<br>KATY TX 77449 |  |
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## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE   | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|----------|-------------|---|--|----------------------------------|-----------------------------------|--|
|          |             | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/><br><input type="checkbox"/><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |  |                                  |                                   | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$ |
| A        |             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/>   | A42510679-01   | 09/04/2016                       | 09/04/2017                        | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                          |
|          |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/>  |  |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$  |
|          |             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/><br>DEDUCTIBLE<br>RETENTION \$   |  |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$   |
|          |             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  |  |                                  |                                   | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$            |
| B<br>B   |             | <b>OTHER</b><br>MOTOR TRUCK CARGO<br>PHYSICAL DAMAGE  | Z168324-001MTC-10693-360<br>Z168324-004APD-10693-360 | 09/04/2016<br>09/04/2016         | 09/04/2017<br>09/04/2017          | \$100,000 COVERAGE \$1000 DEDUCTIBLE<br>\$1000 COMP \$1000 COLLISION   |

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

2005 FRHT 1FUJA6AV45LN72833 VALUE \$15,000  
2005 FRHT 1FUJBBCX5LN52398 VALUE \$15,000  
2006 FRHT 1FUJBBCG46LW32874 VALUE \$15,000  
2006 NOAH 2HSCNAPR35C057891 VALUE \$20,000  
2007 UTILITY TRAILER 1UYFS24837A997727 VALUE \$13,900  
2006 TRANSCRAFT 1TF5320962016550 VALUE \$15,000  
2008 UTILITY 1UJF5248X8A346001 VALUE \$15,000  
\*BALED COTTON IS NOT EXCLUDED\*

## CERTIFICATE HOLDER

FOR INSURANCE INFORMATION  
PLEASE CALL  
281-599-3741  
281-599-3840 FAX

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE  
LOUIS PEREIRA