

Â®

DATE (MM/DD/YYYY)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

10/6/2023

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 PROVIDED BY THE POLICIES LISTED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE INSURER AND THE REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL ENDORSEMENT(S). If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require the insured to execute an assignment of benefits. This certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

NAME: CONTACT JENNIFER SCRIBER

GOOD'S INSURANCE AGENCY INC

PHONE

FAX

Ext): 800-699-7120

(A/C, No): 717-661-6114

20 TRINITY DRIVE

(A/C, E-MAIL No.

SUITE 100

ADDRESS: certificates@gia.email

LEOLA PA 17540

INSURER(S) AFFORDING COVERAGE

INSURER A : SENTRY SELECT INSURANCE CO

21

INSURED

AWFOXTR-01 INSURER B : AMERICAN INTERSTATE INS CO

A W FOX TRUCKING INC

INSURER C :

P O BOX 141

HOPELAND PA 17533

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 1430212663

REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER AGREEMENT, THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DOES NOT INCLUDE THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY OTHER AGREEMENTS.

INSR

ADDL SUBR

POLICY EFF POLICY EXP

LTR

TYPE OF INSURANCE

INSD | WVD

POLICY NUMBER

(MM/DD/YYYY) (MM/DD/YYYY)

A [X] X COMMERCIAL GENERAL LIABILITY

A0213488001

2/28/2023 2/28/2024 EACH OCCUR

DAMAGE TO RENTED

[] [] CLAIMS-MADE [X] X OCCUR

PREMISES (Ea occurrence) \$ 10,000

MED EXP (Any one person) \$ 5,000

PERSONAL & ADV INJURY \$ 1,000,000

GEN'L AGGREGATE LIMIT APPLIES PER:

[X] X POLICY [] JECT PRO- [] LOC

[] OTHER:

GENERAL AGGREGATE

PRODUCTS - COMP/OP AGG \$

\$

A AUTOMOBILE LIABILITY

A0213488001

2/28/2023 2/28/2024 COMBINED SINGLE

(Ea accident)

1,000,000

ANY AUTO

BODILY INJURY (Per person) \$

[]

OWNED X SCHEDULED

BODILY \$

[] AUTOS ONLY [X] AUTOS

INJURY (Per accident)

HIRED NON-OWNED

PROPERTY DAMAGE \$

[] AUTOS ONLY [] AUTOS ONLY

(Per accident)

[] []

\$

UMBRELLA LIAB [] OCCUR

EACH OCCURRENCE \$

EXCESS LIAB CLAIMS MADE

AGGREGATE \$