

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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 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 have ADDITIONAL INSURED provisions or 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 cartificate does not confer rights to the cartificate holder in liqu of such andersoment(s)

this certificate does not comer rights to the certificate holder in fied of such endorsement(s).								
PRODUCER	/ IN I O	CONTACT NAME: JENNIFER SCRIBER						
GOOD'S INSURANCE AGENCY 20 TRINITY DRIVE SUITE 100 LEOLA PA 17540	7   11811	PHONE (A/C, No, Ext): 800-699-7120	FAX (A/C, No): 717-661-6114					
		È-MAIL ADDRESS: certificates@gia.email						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
		INSURER A: SENTRY SELECT INSURANCE CO	21180					
INSURED A W FOX TRUCKING INC P O BOX 141 HOPELAND PA 17533	AWFOXTR-01	INSURER B: AMERICAN INTERSTATE INS CO	31895					
		INSURER C :						
		INSURER D :						
		INSURER E :						
		INSURER F :						
COVERAGES	CERTIFICATE NUMBER: 1430212663	REVISION NUI	MBER:					

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.

NSR LTR	TYPE OF INCUPANCE	ADDL SINSD V		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY		A0213488001	2/28/2023	2/28/2024	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		A0213488001	2/28/2023	2/28/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED X SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
_	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TVWCPA3151502023	1/16/2023	1/16/2024	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 1,000,000
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	MOTOR TRUCK CARGO BROAD FORM		A0213488001	2/28/2023	2/28/2024	PER LOAD DEDUCTIBLE	250,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) POLICY INCLUDES NON OWNED TRAILER PHYSICAL DAMAGE COVERAGE OF \$35,000, COMP & COLL DED - \$2500 CERTIFICATE HOLDER IS LISTED AS LOSS PAYEE WITH RESPECTS TO THE FOLLOWING: COMP & COLL DED - \$2500

2020 GREAT DANE REEFER TRAILER, VIN# 1GR1A0628LW186209, VALUE \$100,000 2021 GREAT DANE REEFER TRAILER, VIN# 1GR1A0626MW318076, VALUE \$106,000

2024 GREAT DANE REEFER TRAILER, VIN# 1GR1A0629RW544538, VALUE \$150,601 (INCLUDES THERMO KING S610M UNIT SER# 6001403053)

CERTIFICATE HOLDER CANCELLATION

> THE EPHRATA NATIONAL BANK - ISAOA ATIMA PO BOX 457 31 MAIN STREET EPHRATA PA 17522

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**