Maxx Express LLC 3116 Weddington Rd Fl 900-1050 Suite/ Matthews, NC 28105-9406



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2018

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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer rights	to the	e cert	ificate holder in lieu of su).	•				
PRODUCER						CONTACT NAME:						
AP INTEGO INSURANCE GROUP						PHONE FAX (A/C, No, Ext): (A/C, No):						
375 Woodcliff Drive						E-MAIL ADDRESS:						
Suite 103						INSURER(S) AFFORDING COVERAGE NAIG						
Fairport, NY 14450											-	
INCUDED						INSURER A: NorGUARD Insurance Company					_	
NSURED Maxx Express LLC						INSURER B:					_	
Maxx Express					INSURER C:						_	
3116 Weddington Rd Fl 900-1050					INSURER D:							
Suite/					INSURER E:							
Matthews, NC 28105-9406						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF	REME ΓΑΙΝ,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO V	WHICH THIS		
INSR LTR TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		_	
LIIX	COMMERCIAL GENERAL LIABILITY		WVD	TO LIGHT WORLD		(ININDESTITI)	(MINDESTITI)	EACH OCCURRENCE	\$	0	— ۱	
								DAMAGE TO RENTED	\$	0		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)				
		-						MED EXP (Any one person)	\$	0		
								PERSONAL & ADV INJURY	\$	0		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	0		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	0)	
	OTHER:							COMBINED SINGLE LIMIT	\$		_	
	AUTOMOBILE LIABILITY							(Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MAD	<u> </u>						AGGREGATE	\$			
	DED RETENTION \$								\$			
Α	WORKERS COMPENSATION							X PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	,						E.L. EACH ACCIDENT	\$ 100,	000	_	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		MAWC997715		12/11/2018	12/11/2019	E.L. DISEASE - EA EMPLOYEE			_	
	If ves, describe under								\$ 500,		_	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 300,	,000	_	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACORE	101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			_	
Ex	clusions:											
	ry Brown; Kazey Ellis;											
	, , ,											
CERTIFICATE HOLDER						CANCELLATION						
CERTIFICATE HOLDER						CANCELLATION						
Maxx Express LLC 3116 Weddington Rd Suite/Floor 900-1050 Matthews, NC 28105						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						