



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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).

PRODUCER	Bay Shore Insurance Inc PO Box 2534 Salisbury	MD 21802-	CONTACT NAME:	Bay Shore Insurance Inc	
			PHONE (A/C No. Ext.)	(410)546-1640	FAX (A/C No.)
INSURED	Delex LLC 26776 Anderson Corner Rd Harbeson	DE 19951	E-MAIL ADDRESS:	processing@bayshore-ins.com	
			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A: Sentry Select Insurance Company		21180
			INSURER B:		
			INSURER C:		
			INSURER D:		
			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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CT789962002	11/14/2025	11/14/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY Hired AUTOS ONLY		CT789962002	11/14/2025	11/14/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE \$ OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo Coverage - Reefer Breakdown Included		CT789962002	11/14/2025	11/14/2026	\$1,000 Deductible \$150,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2005 VOLVO #4V4NC9TK75N388082 2017 FREIGHTLINER #1FUJGLDR0HLHF2244						

CERTIFICATE HOLDER

CANCELLATION

AI 005500

RXO 2419 West Park Dr, Suite 100 Gainesville	GA 30504-	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 

INSURANCE IDENTIFICATION CARD

11/07/2025

DE (STATE)

COMPANY NUMBER
21180COMPANY
Sentry Select Insurance Company COMMERCIAL PERSONALPOLICY NUMBER
CT789962002EFFECTIVE DATE
11/14/2025EXPIRATION DATE
11/14/2026YEAR
2019MAKE/MODEL
UTILITY

DRY VAN

VEHICLE IDENTIFICATION NUMBER
1UYVS2533K3549905

Drivers

AGENCY/COMPANY ISSUING CARD

Bay Shore Insurance Inc
PO Box 2534
Salisbury

MD 21802-

INSURED

Delex LLC
26776 Anderson Corner Rd
Harbeson

DE 19951

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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11/07/2025

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COMPANY NUMBER
21180COMPANY
Sentry Select Insurance Company COMMERCIAL PERSONALPOLICY NUMBER
CT789962002EFFECTIVE DATE
11/14/2025EXPIRATION DATE
11/14/2026YEAR
2014MAKE/MODEL
GREAT DANE REEFER TRAILERVEHICLE IDENTIFICATION NUMBER
1GRAA0626EW703042

AGENCY/COMPANY ISSUING CARD

Bay Shore Insurance Inc

PO Box 2534

Salisbury

MD 21802-

INSURED

 Delex LLC

26776 Anderson Corner Rd

Harbeson

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CT789962002EFFECTIVE DATE
11/14/2025EXPIRATION DATE
11/14/2026YEAR
2020MAKE/MODEL
GREAT DANE REEFER TRAILER

VEHICLE IDENTIFICATION NUMBER

1GR1P0620LT164110

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Salisbury

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11/14/2025EXPIRATION DATE
11/14/2026YEAR
2005MAKE/MODEL
VOLVO

TRACTOR

VEHICLE IDENTIFICATION NUMBER
4V4NC9TK75N388082

Drivers

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PO Box 2534
Salisbury

MD 21802-

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26776 Anderson Corner Rd
Harbeson DE 19951
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11/14/2026YEAR
2017MAKE/MODEL
FREIGHTLINER TRACTORVEHICLE IDENTIFICATION NUMBER
1FUJGLDR0HLHF2244

Drivers

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Salisbury MD 21802-

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