

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2024

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).

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PRODUCER McGriff Insurance Services, LLC					NAME:						
5400 SW Meadows Road, Suite 240					PHONE (A/C, No, Ext): 503-943-6621 FAX (A/C, No): 503-943-6622						
Lake Oswego, OR 97035					E-MAIL ADDRE	SS:					
					INSURER(S) AFFORDING COVERAGE				NAIC#		
					INSURER A :ACE American Insurance Company				22667		
INSURED ABF Freight System, Inc.					INSURER B :Aspen American Insurance Company				43460		
3801 Old Greenwood Road					INSURER C :National Fire & Marine Insurance Company				20079		
Fort Smith, AR 72903					INSURER D:						
						INSURER E :					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: PVM8RHWE						REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY										ICY 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 ADDL SUBR					POLICY EFF POLICY EXP						
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER XSL G48899547		11/01/2024	(MM/DD/YYYY) 11/01/2025	EACH OCCURRENCE	\$	2.000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		1,000,000	
	X Excess of SIR							PREMISES (Ea occurrence)	\$	1,000,000	
	A EXCESS OF OIL							MED EXP (Any one person)	\$	2,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
A	OTHER:			XSA H10821125		11/01/2024	11/01/2025	COMBINED SINGLE LIMIT	\$		
^	AUTOMOBILE LIABILITY			X0A1110021123		11/01/2024	11/01/2023	(Ea accident)	\$	2,000,000	
	X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	^			10 VOE 001710 00					\$		
С	UMBRELLA LIAB X OCCUR			42-XSF-331710-02		11/01/2024	11/01/2025	EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000	
	DED RETENTION\$								\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WLR C72628780 WCU C7262886A (Excess, Statut		11/01/2024	11/01/2025	X PER STATUTE OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		Limit)				E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
В	Cargo			OC009CH24		11/01/2024	11/01/2025	Limit	\$ \$	2,000,000	
									\$		
L									\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General Liability SIR is in the amount of \$3,000,000. Auto Liability SIR is in the amount of \$3,000,000. Cargo deductible: \$250,000											
CERTIFICATE HOLDER						CANCELLATION					
Evidence of Insurance					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						