

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/01/2025

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.

| If | PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject is certificate does not confer rights to | to the | e ter | ms and conditions of th | ne polic ich end | cy, certain polorsement(s) | olicies may | | | |
|--|---|-------------------------|-----------------------|--|--|--|---|--|----------------|------------|
| | DUCER | | | | CONTAC NAME: | CT | | | | |
| McGriff, a Marsh & McLennan Agency LLC Company CA License # 0H18131 | | | | | PHONE (A/C, No, Ext): 503-943-6621 FAX (A/C, No): 503-943-6622 | | | | | |
| 5400 SW Meadows Road, Suite 240 Lake Oswego, OR | | | | | E-MAIL ADDRESS: | | | | | |
| 97035 | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC # | |
| | | | | | INSURER A :ACE American Insurance Company | | | | 22667 | |
| INSURED | | | | | INSURER B :Aspen American Insurance Company | | | | 43460 | |
| Panther II Transportation, Inc. dba Panther Premium Logistics 84 Medina Rd. | | | | | INSURER C: | | | | | |
| Medina, OH 44256 | | | | | | INSURER D : | | | | |
| | | | | | | INSURER E : | | | | |
| | | INSURER F: | | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | | REVISION NUMBER: | | | | .1 |
| TI IN CI EX | IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F CCLUSIONS AND CONDITIONS OF SUCH | OF IN QUIRI PERTA | NSUR EMEN IN, T | ANCE LISTED BELOW HAVINT, TERM OR CONDITION HE INSURANCE AFFORDI | OF ANY | CONTRACT THE POLICIES EDUCED BY F | THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS. | D NAMED ABOVE FOR TI DOCUMENT WITH RESPE D HEREIN IS SUBJECT T | CT TO O ALL | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER XSL G49364568 | | POLICY EFF (MM/DD/YYYY) 11/01/2025 | (MM/DD/YYYY) 11/01/2026 | LIMIT | S | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | ASL G49304300 | | 11/01/2025 | 11/01/2020 | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | X Excess of SIR | | | | | | | MED EXP (Any one person) | \$ | 0 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 1,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 1,000,000 |
| | OTHER: | | | | | | | | \$ | |
| Α | AUTOMOBILE LIABILITY | | | XSA H11433613 | | 11/01/2025 | 11/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | X ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS ONLY Excess of SIR NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | X Excess of SIR | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | E.L. EACH ACCIDENT | \$ | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| В | Cargo | | | OC009CH25 | | 11/01/2025 | 11/01/2026 | Limit | \$ | 100,000 |
| | | | | | | | | | \$ | |
| | | | | | | | | | \$ \$ | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (AC | CORD | 101, Additional Remarks Schedul | e, may be | attached if more | e space is require | ed) | | |

| CERTIFICATE HOLDER | CANCELLATION | | | | |
|---|--|--|--|--|--|
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | |
| Panther II Transportation Inc dba Panther Premium Logistics 84 Medina Rd Medina, OH 44256 | AUTHORIZED REPRESENTATIVE Sufficient | | | | |