

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2019

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 t			tificate holder in lieu of s	uch en	dorsement(s	s).	require an endorse	ment. As	tatement on	
PRODUCER Knight Insurance Group					CONTACT NAME: Jane Crispen					
22 North Erie Street					PHONE (A/C, No. Ext): 567-429-7003 (A/C, No.): 844-201-0753					
Toledo OH 43604-6943					E-MAIL ADDRESS: crispen@knightinsurance.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
					เพรนุสุร A : Northland Insurance Company				24015	
INSURED C>RAN-01					INSURER B:					
C & G Transportation, Inc. 11100 Wayne Road					INSURER C:					
Wayne OH 43466					INSURER D:					
					INSURER E :					
					INSURER F:					
			NUMBER: 1485374075				REVISION NUMBE		· · · · · · · · · · · · · · · · · · ·	
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.										
INSR LTR TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A X COMMERCIAL GENERAL LIABILITY			WF009502		4/1/2019	4/1/2020	EACH OCCURRENCE	\$ 1,000	0,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence	\$ 100,0	100	
				l			MED EXP (Any one person) \$5,000)	
							PERSONAL & ADV INJUR	Y \$1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000	
X POLICY PRO- LOC				•		PRODUCTS - COMP/OP A	GG \$2,000	,000		
OTHER:								\$		
A AUTOMOBILE LIABILITY			WF009502		4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000	
X ANY AUTO							BODILY INJURY (Per person) \$			
AUTOS ONLY AUTOS	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accid	ient) \$		
X HIRED X NON-OWNED AUTOS ONLY				l	1		PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR	İ						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	- 1	- 1			ļ	į	AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OT STATUTE ER	H-		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)			İ			E.L. EACH ACCIDENT	\$			
(Mandatory in NH)						E.L. DISEASE - EA EMPLO				
if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	MIT \$		
A Cargo	l		WF009502		4/1/2019	4/1/2020	\$100,000 Limit			
					1				ł	
	i									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER (CANCELLATION					
C & G Transportation,Inc. 11100 Wavne Road Wayne OH 43466					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					
					Kennith P. Knight					