

CERTIFICATE OF LIABILITY INSURANCE

KIRKL-1

OP ID: CO

DATE (MM/DD/YYYY)

05/23/19

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 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).

199		omoniqu	,.	00117107					
Jim Lynch Ins. Agency, Inc. 2160 W. Breese Rd Lima, OH 45806 Cathy Olds 800-445-8405 419-991-2138				PHONE (A/C, No, Ext): FAX (A/C, No):					
				E-MAIL ADDRESS:					
				INSURER(S) AFFORDING COVERAGE					NAIC #
				INSURER A: Progressive Preferred					37834
INSURED Kirkland Logistics LLC I 079 RD 1 Custar, OH 43511			INSURER B:						
			INSURER C:						
			INSURER D :						
				INSURER E :					
				INSURER F :					
CO	COVERAGES CERTIFICATE NUMBER:					The state of	REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PACKET.	QUIREME ERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY CON ED BY THE P	TRACT	OR OTHER IS DESCRIBED	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR	TYPE OF INCUPANCE	ADDL SUBF	₹	POLIC	Y EFF	POLICY EXP	•	_	
LIK	GENERAL LIABILITY	INSR WVD	POLICY NUMBER	(MM/DI	D/YYYY)	(MM/DD/YYYY)		5	
	COMMERCIAL GENERAL LIABILITY					12 15 E	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR	- 1				11 3 20	MED EXP (Any one person)	\$	
		41					PERSONAL & ADV INJURY	\$	
		- 10					GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	Ψ	1,000,000
Α	ANY AUTO		06170022-2		05/27/19	05/27/20	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	ALL OWNED SCHEDULED			00/1	CONZINIO	00/2//20	BODILY INJURY (Per accident)	\$	
	NON-OWNED					PROPERTY DAMAGE	4		
	X \$25/\$50 UM						(Per accident)	4	
1100-1100	UMPRELLATION						EAGU GGGUPPEUGE	φ	
	EXCESS LIAB OCCUR						EACH OCCURRENCE	\$	
	CLAIIVIS-IVIADE					4 1 1	AGGREGATE	\$	
	WORKERS COMPENSATION						WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE // N						TORY LIMITS ER		
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
A	Physical Damage	_	06170022-2	05/3	7/19	05/27/20	E.L. DISEASE - POLICY LIMIT	\$	Dodustibles
ETCOTO	\$100,000 Cargo		06170022-2		7/19		1,000 1,000		Deductibles Deductibles
200	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE 04 Chevrolet 4500 Truck, #1GBE4E12 00 Volvo Tractor, #4V4ND4RJ1YN 09 Freightliner Tractor, #1FUWHJBA0	224F514 N253067	219	Schedule, if more	space is	required)			
CE	RTIFICATE HOLDER			CANCELLA	TION				
			KIRKL-1	SHOULD A	NY OF T	DATE THE	ESCRIBED POLICIES BE CAREOF, NOTICE WILL EY PROVISIONS.		
				Cathy Olds	EPRESEI	Cat	My Olds	1	