

TRATR-1 CERTIFICATE OF LIABILITY INSURANCE

OP ID: M6

DATE (MM/DD/YYYY) 10/07/2022

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).						
PRODUCER	608-644-8578	CONTACT Margare				
Schwarz Insurance - Prairie	NAME: 5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-					
1420 North Ridge Dr. Prairie du Sac, WI 53578 Jessica J. Baerwolf		(A/C, No, Ext): E-MAIL ADDRESS: margaret.edge@schwarzins.com				
			URER(S) AFFOR	DING COVERAGE		NAIC #
INSURED Trac Trucking LLC W2484 County Rd C Albany, WI 53502		INSURER A : ACUITY	ov Incurar	ce Company		23434
		INSURER B : Middlesex Insurance Company				23434
		INSURER C :				
		INSURER D :				
	INSURER E :					
INSURER F :						1
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.						
	DL SUBR POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A X COMMERCIAL GENERAL LIABILITY	D WYD FOLICI NOMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	1,000,000
CLAIMS-MADE X OCCUR	Z53234	10/09/2022	10/09/2023	DAMAGE TO DENTED		300,000
	200204	TOTOSIZOZZ			\$	10,000
				MED EXP (Any one person)	\$	1,000,000
				PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				GENERAL AGGREGATE	\$	2,000,000
				PRODUCTS - COMP/OP AGG		_,000,000
				COMBINED SINGLE LIMIT	\$	1.000.000
		10/00/0000	10/09/2023	(Ea accident)	\$	1,000,000
ANY AUTO	Z53234	10/09/2022		BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY X SCHEDULED				BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
			10/09/2023		\$	4 000 000
A UMBRELLA LIAB X OCCUR	750004	40/00/0000		EACH OCCURRENCE	\$	1,000,000
X EXCESS LIAB CLAIMS-MADE	Z53234	10/09/2022		AGGREGATE	\$	1,000,000
DED RETENTION \$					\$	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			03/17/2023	X PER OTH- STATUTE ER	-	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	8946909003	03/17/2022		E.L. EACH ACCIDENT	\$	500,000
				E.L. DISEASE - EA EMPLOYER	\$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	500,000
A Cargo	Z53234	Construction and the second second second	10/09/2023			100,000
A Reefer	Z53234	10/09/2022	10/09/2023	Limit		100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
CERTIFICATE HOLDER		CANCELLATION				
BLANK-1 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						
	Barrie	the second se				
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