Client#: 1491080 TENNEHAU

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not comer any rights to the certificate holder in fied c	• • • • • • • • • • • • • • • • • • • •				
PRODUCER	CONTACT Michelle Seneker				
USI Insurance Srvcs LLC-Transp	PHONE (A/C, No, Ext): 630.625.5275	FAX (A/C, No): 610.362.8458			
2021 Spring Road, Suite 100	E-MAIL ADDRESS: michelle.seneker@usi.com				
Oak Brook, IL 60523	INSURER(S) AFFORDING COVERAGE				
312 442-7200	INSURER A: Hudson Insurance Company				
INSURED	INSURER B : New York Marine & General Insurance Co.				
Tennessee Steel Haulers, Inc. 2607 Brick Church Pike	INSURER C : Travelers Property Casualty Co of Amer	25674			
	INSURER D:				
Nashville, TN 37207	INSURER E:				
	INSURER F:				

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.

INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY			HMU200118	10/01/2018	10/01/2019	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$INCL
								MED EXP (Any one person)	\$INCL
								PERSONAL & ADV INJURY	\$INCL
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			HMU200118	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY			WC201800017831	01/01/2019	01/01/2020	X PER OTH- STATUTE ER	
	ANY OFFI (Man	PROPRIETOR/PARTNER/EXECUTIVE N	7	A				E.L. EACH ACCIDENT	\$1,000,000
		ndatory in NH)	,						E.L. DISEASE - EA EMPLOYEE
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Мо	tor Truck Cargo			6603K988655TIL18	10/01/2018	10/01/2019	\$100,000 Per Vehicle	е
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF COVERAGE	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
	A COMMAND
	A PART 2015 A CORD CORDORATION All vights recovered

