

ERTIFICATE OF LIABILITY INSURANCE

NCHAUDHARY

DATE (MM/DD/YYYY)

MA2DLOG-01

	CERTIFICATE OF LIABILITY INSURANCE								2/11/2022		
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 CONTACT NAME:											
	ance Partners - Chattanooga		PHONE (A/C, No, Ext): (877) 668-1704 FAX (A/C, No):(866) 553-6202								
Suit	Walnut Street e 400			E-I AD	E-MAIL ADDRESS: certificates@reliancepartners.com						
Cha	ttanooga, TN 37402		INSURER(S) AFFORDING COVERAGE					NAIC #			
		INS	INSURER A : Artisan and Truckers Casualty				10194				
INSU	RED	INS	INSURER B :								
	MA2D LOGISTICS INC	INS	INSURER C :								
	635 PEONY LN	INS	INSURER D :								
	BOURBONNAIS, IL 60914	INS	INSURER E :								
				INS	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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			01201613	10/7/2021	10/7/2022	DAMAGE TO RENTED PREMISES (Ea occurr) rence)	\$	100,000	
							MED EXP (Any one pe		\$	5,000	
							PERSONAL & ADV IN		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA		\$	2,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/0		\$	2,000,000	
	OTHER:								\$		
A	AUTOMOBILE LIABILITY					10/7/2022	COMBINED SINGLE LIMIT (Ea accident) \$		\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY X SCHEDULED			01201613	10/7/2021		BODILY INJURY (Per person) \$				
							BODILY INJURY (Per accident) \$		\$		
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$		
									\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$		
	DED RETENTION \$						PER	OTU	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	-	\$		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EN	IPLOYEE	\$		
DÉSCRIPTION OF OPERATIONS below				04204642	40/7/0004	40/7/0000	E.L. DISEASE - POLICY LIMIT \$		\$	400.000	
A	Motor Truck Cargo		01201613		10/7/2021	10/7/2022	Ded \$2,500			100,000	
A Physical Damage				01201613	10/7/2021	10/7/2022	Comp/Coll Ded			2,500	
<u> </u>											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
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CERTIFICATE HOLDER	CANCELLATION					
MA2D LOGISTICS INC 635 PEONY LN BOURBONNAIS, IL 60914	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					
	Neetip					

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