

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/18/2023

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 Blaine Buschmann					
Shepherd Insurance, LLC.					NAME: FAX FAX (317) 846-5554 FAX (A/C, No): (317) 846-5444					
111 Congressional Boulevard					E-MAIL ADDRESS:					
Suite 200						SURER(S) AFFOR	DING COVERAGE		NAIC #	
Carmel IN 46032					INSURER A: ACUITY					
INSURED				INSURER B: ICW Group Insurance Companies					27847	
Magnum Express Inc, S-G Express Inc					INSURER C: Allianz Global Corporate & Specialty					
SG Development LLC					INSURER D :					
1540 South Perry Rd Plainfield IN 46168-5828					INSURER E :					
Plainfield		INSURER F :								
COVERAGES CERTIFICATE NUMBER: CL2341893118 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 S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000 \$ 500,0		
							MED EXP (Any one person)	\$ 10,00	00	
A			ZC8145		05/01/2023	05/01/2024	PERSONAL & ADV INJURY	\$ 1,000	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	0,000	
							PRODUCTS - COMP/OP AGG	\$ 3,000	0,000	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,000	0.000	
A X AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY							(Ea accident) BODILY INJURY (Per person)	\$		
			Z50543		08/01/2022	08/01/2023	BODILY INJURY (Per accident)	) \$		
							PROPERTY DAMAGE (Per accident)	\$		
Trlr Intrchge							Trailer Interchange	\$ 30,00	00	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER	1.00		
B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			WIN5056617		08/01/2022	08/01/2023	E.L. EACH ACCIDENT	\$ 1,000,000 = \$ 1,000,000		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	φ		
DÉSÉRIPTION OF OPERATIONS below	-+						E.L. DISEASE - POLICY LIMIT \$250.000 Per Veh	\$ 1,000	0,000	
C Reefer Breakdown Included			MZI93077563		05/01/2023	05/01/2024	\$250,000 Per Occ			
							\$5,000 DED			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER CANCELLATION										
Specimen					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					
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