



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MAJOR COMPONENT OF A LIABILITY POLICY. THIS CERTIFICATE DOES NOT AFFIRMATIVELY REPRESENT THAT THE INSURED IS COMPLIANT WITH ALL APPLICABLE LAWS AND REGULATIONS. THIS CERTIFICATE OF INSURANCE IS NOT A CONTRACT. THE POLICY, CERTIFICATE OF COVERAGE, ENDORSEMENTS, EXCLUSIONS, CONDITIONS, LIMITS, COVERAGE GRANTS, DEDUCTIBLES, RETENTIONS, COINSURANCE, CONTRIBUTIONS, AND OTHER PROVISIONS OF THE POLICY, CERTIFICATE OF COVERAGE, AND ENDORSEMENTS, SHALL APPLY TO THIS CERTIFICATE. THE CERTIFICATE HOLDER IS RESPONSIBLE FOR OBTAINING AND REVIEWING THE POLICY, CERTIFICATE OF COVERAGE, AND ENDORSEMENTS, AND FOR UNDERSTANDING THE TERMS AND CONDITIONS OF THE POLICY, CERTIFICATE OF COVERAGE, AND ENDORSEMENTS. THE CERTIFICATE HOLDER IS RESPONSIBLE FOR OBTAINING AND REVIEWING THE POLICY, CERTIFICATE OF COVERAGE, AND ENDORSEMENTS, AND FOR UNDERSTANDING THE TERMS AND CONDITIONS OF THE POLICY, CERTIFICATE OF COVERAGE, AND ENDORSEMENTS.

**Ask your insurance agent to email your Certificate of Insurance to insurance@truxnow.com with the limits & endorsements show below.**

**IMPORTANT:** If the certificate holder is not the insured, the certificate holder must obtain the terms and conditions of the policy, certificate of coverage, and endorsements from the certificate holder in lieu of such endorsement.

<b>PRODUCER</b> Insurance Agency Name & Address		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> General Liability Insurance Carrier <b>INSURER B:</b> Automobile Insurance Carrier <b>INSURER C:</b> Workers Compensation Insurance Carrier <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b>
<b>INSURED</b> Trucking Provider Name & Address				

**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)	LIMITS	
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

← Additional Insured

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

Trux, Inc. is an Additional Insured on a Primary & Non-Contributory basis.

**CERTIFICATE HOLDER**                      **CANCELLATION**

Trux Inc 1601 Trapelo Road Waltham, MA 02451	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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