

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A M REPRESENTATIVE OR PRODUCER, AND

IMPORTANT: If the certificate holder is terms and conditions of the policy, cerl certificate holder in lieu of such endorse

CERTIFICATE DOES NOT AFFIRMATIVE ASK YOUR INSURANCE agent to email BELOW. THIS CERTIFICATE OF INSU your Certificate of Insurance to insurance@truxnow.com with the

Insurance Agency Name & Address			i	mits & e			ment	s show	be:	low.	
					ADDRE		URER(S) AFFOR	RDING COVERAGE		NAIC#	
						INSURER A: General Liability Insurance Carrier					
INSURED Trucking Provider Name & Address					INSURE	INSURER B: Automobile Insurance Carrier					
Trucking Frovider Name & Address					INSURER C: Workers Compensation Insurance Carrier						
					INSURER D:						
					INSURE	RE:					
						INSURER F:					
				NUMBER:	VE DEE	N ICCUED TO		REVISION NUMBER:	THE DO	LICY DEDICE	
IN EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH I	QUIF PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN DED BY	Y CONTRACT THE POLICIE REDUCED BY F	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPI D HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	000	
	CLAIMS-MADE X OCCUR		ļ					MED EXP (Any one person)	\$ 10,0	00	
								PERSONAL & ADV INJURY	\$ 1,00	-,	
								GENERAL AGGREGATE	\$ 2,00	,	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,00 \$	0,000	
	POLICY JECT LOC AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1.00	0.000	
	X ANY AUTO	X		and Harman				(Ea accident) BODILY INJURY (Per person)	\$ 1,00	0,000	
	ALL OWNED SCHEDULED AUTOS	AC	ıaıtı	onal Insured				BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	76166							(i or addiadnity	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X WC STATU- TORY LIMITS OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. EACH ACCIDENT	\$ 500,	000	
								E.L. DISEASE - EA EMPLOYEE			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,	000	
DESC	 RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	Attach .	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
"Tr	ux Inc is listed additional insured" or "TRUX, an	nd any	party	required by written contract to b	be added	l as an additiona	l insured."				
Fo	BROKERS ONLY: "Brokers policy also respon	nds for	the a	cts of independent contractors /	truckers/	while working o	n behalf of Brol	ker and Trux."			
CEF	TIFICATE HOLDER				CANO	ELLATION					
Trux Inc						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
					ACCORDANCE WITH THE POLICY PROVISIONS.						
PO Box 540230											
Waltham, MA 02451					AUTHORIZED REPRESENTATIVE						

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