

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2022

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 the this certificate does not confer rights to	o the ter the certi	ms and conditions of th ficate holder in lieu of s	uch end	orsement(s)	licíes may r	equire an endorsement	. A Sta	tement on	
PRODUCER		_	CONTAC NAME:	T Donna Zalla	ar				
National Risk Management Services, In	C.		PHONE IAIC NO	PHONE (A/C, No. Ext); 800-962-3036				FAX (A/C, No): 440-247-2714	
7181 Chagrin Road, Suite 230 Chagrin Falls OH 44023				s: dzallar@r					
Onagiii i ans Oi i 44023			- ADDITES			DING COVERAGE		NAIC#	
				INSURER A : National Interstate Ins. Co.				32620	
INSURED CLEVE-3				INSURER B : Trav Cas Surety Co of America				19038	
Cleveland Express Trucking Co, Inc. 3091 Rockefeller Avenue Cleveland OH 44115									
				INSURER C:				· · ·	
			INSURER D:						
			INSURER E:						
<u> </u>			INSURER F:						
COVERAGES CERT	IFICATE	NUMBER: 117649257				REVISION NUMBER:		1014 050100	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH F	DUIREMEI ERTAIN, OLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY DED BY T BEEN R	' CONTRACT THE POLICIES EDUCED BY F	OR OTHER I S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPE	י סו וט	WHICH THIS	
INSR LTR TYPE OF INSURANCE	NDDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8		
A X COMMERCIAL GENERAL LIABILITY		GLT 0011160-04	- T	1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE X OCCUR					j	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00	
			Į	ļ		MED EXP (Any one person)	\$ 5,000	·	
	1					PERSONAL & ADV INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:			ļ			GENERAL AGGREGATE	\$2,000	0.000	
PRO-	j					PRODUCTS - COMP/OP AGG	\$2,000		
	1					711000010 100111107 1100	\$,,,,,	
OTHER: A AUTOMOBILE LIABILITY		CAT 0011160-04		1/1/2023	1/1/2024	COMBINED SINGLE LIMIT	\$ 1,000	0.000	
l 		CAT 0011160-04		17 172023	17172024	(Ea accident) BODILY INJURY (Per person)	5		
ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per accident)			
AUTOS ONLY AUTOS						PROPERTY DAMAGE	s		
HIRED NON-OWNED AUTOS ONLY						(Per accident)	ļ		
X ANY AUTO *							5		
UMBRELLA LIAB OCCUR				'		EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$							\$		
A WORKERS COMPENSATION		GLT 0011160-04		1/1/2023	1/1/2024	PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ 1,000	0,000	
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A				İ	E.L. DISEASE - EA EMPLOYEE	\$ 1,000	0,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000		
A PHYSICAL DAMAGE	+	CAT 0011160-04		1/1/2023	1/1/2024	ACV/STATED AMOUNT	1		
A TRAILER INTERCHANGE B MOTOR TRUCK CARGO		CAT 0011160-04 630 - 0T174105		1/1/2023 1/1/2023	1/1/2024 1/1/2024	\$25,000 PER TRAILER \$200,000 PER TRAILER		00 DEDUCTIBLE 00 DEDUCTIBLE	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL * AUTO LIABILITY APPLIES TO ANY AUTO	LES (ACORI DEXCEP	D 101, Additional Remarks Sched T PRIVATE PASSENGER	dule, may b	e attached if moi RVICE TYPE	re space is requir E AUTOS.	ed)			
CERTIFICATE HOLDER			CANCELLATION						
SAMPLE Certificate			ACC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Oranii EE Ooraniodio				AUTHORIZED REPRESENTATIVE					