

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)5/24/2017

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 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)

certificate fiolitier fil fied of Such ef	nuorsement(s).					
PRODUCER		CONTACT NAME:				
National Risk Management S		PHONE (A/C, No, Ext): 800-962-3036	FAX (A/C, No): 440-2)//7_271/		
7182 Chagrin Road, Suite 2 Chagrin Falls OH 44023	230	E-MAIL ADDRESS:				
		PRODUCER CUSTOMER ID #: HADDA-2				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
INSURED		INSURER A: SCOTTSDALE INSURANCE COMP	ANY	41297		
Haddad International Transport Inc 5000 Wyoming Suite 111		INSURER B: Granite State Insurance C	ю.	23809		
Dearborn MI 48126		INSURER C: Travelers Property & Casu	alty	25674		
		INSURER D:				
		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 146703078	3 REVISION NUI	MBER:	·		
THIS IS TO SERTIFY THAT THE BOLISH	EC OF INCLIDANCE LICTED DELOWITAVE DE	ENTICOTIED TO THE INCHIDED NAMED ADOME FOR T	LIE DOLLOV			

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		ADDL S	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	GENERAL LIABILITY		CPS2465796-01	6/1/2017	6/1/2018	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$1,000,000
	X POLICY PRO- JECT LOC						\$
В	AUTOMOBILE LIABILITY		TP9882778 01	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS						\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
С	CARGO LEGAL LIABILITY		QT 660 2D011446 TIL 17	6/1/2017	6/1/2018	\$250,000 PER TRAILER	\$5,000 DEDUCTIBLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CARGO POLICY INCLUDES WET STEEL COVERAGE.

CERTIFICATE HOLDER	CANCELLATION			
"SAMPLE" Certificate	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			
	Stewn V. Liberts			