

CERTIFICATE OF INSURANCE

Date (MM/DD/YY)

1/1/2018

PRODUCER

Cherokee Insurance Company
34200 Mound Road
Sterling Heights, MI 48310
800-201-0450

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY

A Cherokee Insurance Company

INSURED

Central Transport, LLC
dba Central Transport
12225 Stephens Road
Warren, Michigan 48089

COMPANY

B

COMPANY

C

COMPANY

D

COVERAGES

THIS IS TO CERTIFY THAT THE INSURANCE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE INDICATED POLICY PERIOD, 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL G/L <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT <input type="checkbox"/> _____	GL180010	1/1/2018	1/1/2019	GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS-COMP/OP AGG	Not Included
					PERSONAL & ADV INJURY	Not Included
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
MED EXP (Any one person)	\$ 5,000					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Trailer Interchange \$40,000 per unit	CA180010	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per Person)	
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AUTO ONLY-EA ACCIDENT	
					OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE: <input checked="" type="checkbox"/> EXCL	WC180010	1/1/2018	1/1/2019	WC STATU- TORY LIMITS	
					OTH- ER	
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE-POLICY LIMIT	\$ 1,000,000
					EL DISEASE-EA EMPLOYEE	\$ 1,000,000
A	Mtr Truck Cargo	MC180010	1/1/2018	1/1/2019		\$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

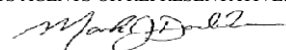
"Cargo coverage for used machinery, equipment, and other used materials is limited to a maximum of ten cents per pound."

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVE.



AUTHORIZED REPRESENTATIVE