



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2020

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 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).

<b>PRODUCER</b> Associated Benefits and Risk Consulting, LLC 6000 Clearwater Drive Minnetonka, MN 55343	<b>CONTACT NAME:</b> Nicole Dahle <b>PHONE (A/C, No, Ext):</b> 952-947-9700 <b>FAX (A/C, No):</b> 952-947-9793 <b>E-MAIL ADDRESS:</b> Nicole.Dahle@associatedbrc.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> American Transportation Systems Inc. 2775 Cruse Road, Suite 401-403 Lawrenceville GA 30044-7141	AMERTRA-02	<b>INSURER A:</b> Citizens Insurance Company of America <b>INSURER B:</b> Allmerica Financial <b>INSURER C:</b> Hanover Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
		NAIC #
		31534
		41840
		22292

**COVERAGES**

CERTIFICATE NUMBER: 1367003698

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OBXH152561	1/13/2020	1/13/2021	EACH OCCURRENCE \$ 1,000,000** DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included** GENERAL AGGREGATE \$ 2,000,000* PRODUCTS - COMP/OP AGG \$ Included* \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			OBXH152561	1/13/2020	1/13/2021	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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	W2XH152581	1/13/2020	1/13/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Contingent Cargo			IHXH149230	1/13/2020	1/13/2021	Per Truck \$100,000 Per Loss \$200,000 Deductible: \$2,500

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

\*\*EACH OCCURRENCE LIMIT SUBJECT TO GENERAL AGGREGATE. \*\*AUTO LIABILITY LIMIT INCLUDED IN GENERAL LIABILITY OCCURRENCE LIMIT. Additional Limit: \$100,000 per Railcar, subject to \$2,500 deductible. Reefer Breakdown included, subject to \$2,500 deductible.

**CERTIFICATE HOLDER****CANCELLATION**

American Transportation Systems Inc.  
 2775 Cruse Road, Suite 401-403  
 Lawrenceville GA 30044-7141

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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