

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/2019

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 confor rights to the certificate holder in liquid such and recomment(s).

	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to				•	•	may require	an endorsement. A st	atement	on
PRODUCER						CONTACT Depart Chrismon				
Shepherd Insurance, LLC.						PHONE (317) 8/6-555/ FAX (317) 8/6-5///				
111 Congressional Boulevard						I E-MAIL pobriomon@obophording.com				
Suite 100						ADDRESS: ·				
Car				IN 46032	INSURER(S) AFFORDING COVERAGE INSURER A: Central Insurance					99999
INSU	IRED				Foderal Incurence Company					20281
	Kron International Trucks, Inc.				INSURER B: Federal insurance Company INSURER C: Allied Eastern Indemnity Company				11242	
	101 Triport Circle							, ,		
	·				INSURER D : INSURER E :					
Georgetown KY 40324					INSURER F:					
CO	VERAGES CERT	TIFIC	ATE	NUMBER: CL191031945				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	DL SUBR D WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		
l	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
l								MED EXP (Any one person)	\$	
l								PERSONAL & ADV INJURY	\$	
l	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
l	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
l	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	E LIMIT \$ 1,000,000	
	× ANY AUTO							BODILY INJURY (Per person)	er person) \$	
Α	OWNED SCHEDULED AUTOS			8657300		11/01/2019	11/01/2020	BODILY INJURY (Per accident	ent) \$	
l	HIRED AUTOS ONLY AUTOS ONLY GARAGE							PROPERTY DAMAGE (Per accident)	\$	
						Underinsured Motorist		\$ 1,00	00,000	
l	→ OCCUR							EACH OCCURRENCE	\$ 5,00	00,000
Α	EXCESS LIAB CLAIMS-MADE		8657300			11/01/2019	11/01/2020	AGGREGATE	\$ 5,00	00,000
	DED RETENTION \$							I DED I LOTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	BNDRWC110119		11/01/2019	11/01/2019	11/01/2020	E.L. EACH ACCIDENT	Ψ .	00,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	_ a ,	00,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Ψ	00,000
_	\$5MM xs \$5MM		DAIDIUM COLUMNIA COLU		44/04/0040	11/01/2020	Each Occurrence		00,000	
В				BNDWXSUMB110119			11/01/2019	Aggregate	''	00,000
L								Retention	5,00	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER					CANCELLATION					
For Information Purposes					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					
						Denis Jjøtke				

Additional Named Insureds

Other Named Insureds	
merican Bus & Accessories, Inc.	
luegrass Idealease	
luegrass International	
lucanica Tabonabianal Turisla	
luegrass International Trucks	
luegrass International Trucks & Buses, Inc.	
specs, LLC	
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ADDITIONAL COVERAGES										
Ref #	Description Personal &	n Advertising Injury			Coverage Code PIADV	Form No.	Edition Date			
Limit 1 1,000,0						tible Type	Premium	1		
Ref #	Description Underinsur	n ed Motorist				Coverage Code UIM	Form No.	Edition Date		
Limit 1 1,000,0	000	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #	Description Personal &	n Advertising Injury	Coverage Code PIADV	Form No.	Edition Date					
Limit 1 1,000,0	000	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #		Description Coverage Cod Hired Physical Damage HIRPD						Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #	Description Coverage Code Stop Gap (OH)						Form No.	Edition Date		
Limit 1 1,000,0	000	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #	Description Coverage Cod						Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	1		
Ref #	Description	1				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #	Description					Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #	Description	1				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #	Description	1				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium			
Ref #	Description	1				Coverage Code	Form No.	Edition Date		
Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type Premium						Premium				
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