

PANTALEOK



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/14/2022

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 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).

| this certificate does not confer rights to the certificate holder in fieu of sipproducer nsurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750 |  |                     |                       |  | CONTACT Katie Pantaleo NAME: PHONE (A/C, No, Ext): (407) 998-5488 E-MAIL ADDRESS: Katie.Pantaleo@ioausa.com |                            |   |       |              |
|---|--|---------------------|-----------------------|--|---|----------------------------|---|-------|--------------|
| _011  | gwood, FL 32730  |                     |                       |  |   |                            | RDING COVERAGE  |       | NAIC#        |
|   |  |                     |                       |  |   |                            | surance Company   |       | 14484        |
| INSURED   |  |                     |                       |  | INSURER B : LM Insurance Corporation  |                            |   |       | 33600        |
| Midlink Logistics, LLC<br>P.O. Box 549  |  |                     |                       |  | INSURER C:  |                            |   |       | -            |
|   |  |                     |                       |  | INSURER D :   |                            |   |       |              |
| Schoolcraft, MI 49087   |  |                     |                       |  | INSURER E :   |                            |   |       |              |
|   |  |                     |                       |  | INSURER F:  |                            |   |       |              |
| CO  | VERAGES CER  | TIFIC               | CATI                  | E NUMBER:  |   |                            | REVISION NUMBER:  |       |              |
| T<br>IN   | HIS IS TO CERTIFY THAT THE POLICII<br>NDICATED. NOTWITHSTANDING ANY F<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH | ES O<br>EQUI<br>PER | F INS<br>REM<br>TAIN, | SURANCE LISTED BELOW I<br>ENT, TERM OR CONDITION<br>, THE INSURANCE AFFORI | N OF ANY CONTRA<br>DED BY THE POLIC   | CT OR OTHER                | R DOCUMENT WITH RESPE<br>BED HEREIN IS SUBJECT T                    | CT TO | O WHICH THIS |
| NSR<br>LTR  | TYPE OF INSURANCE  | ADDL<br>INSD        | SUBR                  | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | s     |              |
| Α   | X COMMERCIAL GENERAL LIABILITY   |                     |                       |  | ,   | ,                          | EACH OCCURRENCE   | \$    | 2,000,000    |
|   | CLAIMS-MADE X OCCUR  |                     |                       | GTUL001139-00  | 4/16/2022   | 4/16/2023                  | DAMAGE TO RENTED PREMISES (Ea occurrence)                           | \$    | 100,000      |
|   |  |                     |                       |  |   |                            | MED EXP (Any one person)  | \$    | 5,000        |
|   |  |                     |                       |  |   |                            | PERSONAL & ADV INJURY   | \$    | 2,000,000    |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |                     |                       |  |   |                            | GENERAL AGGREGATE   | \$    | 2,000,000    |
|   | X POLICY PRO-<br>JECT LOC  |                     |                       |  |   |                            | PRODUCTS - COMP/OP AGG  | \$    | Included     |
|   | OTHER:   |                     |                       |  |   |                            |   | \$    |              |
|   | AUTOMOBILE LIABILITY   |                     |                       |  |   |                            | COMBINED SINGLE LIMIT (Ea accident)                                 | \$    |              |
|   | ANY AUTO   |                     |                       |  |   |                            | BODILY INJURY (Per person)  | \$    |              |
|   | OWNED SCHEDULED AUTOS ONLY   |                     |                       |  |   |                            | BODILY INJURY (Per accident)  | \$    |              |
|   | HIRED NON-OWNED AUTOS ONLY   |                     |                       |  |   |                            | PROPERTY DAMAGE (Per accident)                                      | \$    |              |
|   |  |                     |                       |  |   |                            |   | \$    |              |
|   | UMBRELLA LIAB OCCUR  |                     |                       |  |   |                            | EACH OCCURRENCE   | \$    |              |
|   | EXCESS LIAB CLAIMS-MADE  |                     |                       |  |   |                            | AGGREGATE   | \$    |              |
| _   | DED RETENTION \$   |                     |                       |  |   |                            |   | \$    |              |
| В   | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY   |                     |                       |  |   |                            | X PER OTH-<br>STATUTE ER  |       |              |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                 |                       | WC534S532233022  | 4/10/2022   | 4/10/2023                  | E.L. EACH ACCIDENT  | \$    | 1,000,000    |
|   |  |                     |                       |  |   |                            | E.L. DISEASE - EA EMPLOYEE  | \$    | 1,000,000    |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below   |                     |                       |  |   |                            | E.L. DISEASE - POLICY LIMIT   | \$    | 1,000,000    |
| Α   | Motor Truck Cargo  |                     |                       | GTUL001139-00  | 4/16/2022   | 4/16/2023                  | Any One Occurrence  |       | 100,000      |
| Α   | Contingent Auto Liab   |                     |                       | GTUL001139-00  | 4/16/2022   | 4/16/2023                  | Each Occurrence   |       | 2,000,000    |
|   |  |                     |                       |  |   |                            |   |       |              |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (A              | ACORI                 | ) 101, Additional Remarks Schedu   | lle, may be attached if mo  | re space is requi          | red)  |       |              |
| CERTIFICATE HOLDER  |  |                     |                       |  | CANCELLATION  |                            |   |       |              |
|   |  |                     |                       |  | SHOULD ANY OF   | THE ABOVE D                | DESCRIBED POLICIES BE CA<br>HEREOF, NOTICE WILL I<br>CY PROVISIONS. |       |              |

ACORD 25 (2016/03)

FOR INFORMATION ONLY

**AUTHORIZED REPRESENTATIVE**