

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/9/2023

COOKLOG-06

AVERMA

C B	ERT	IFICATE DOE	S N RTIF	OT AFFIRMAT	IVEL SUR/	Y OI	R OF INFORMATION ON R NEGATIVELY AMEND, E DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTE	ND OR ALT	ER THE CO	OVERAGE AFFC	RDED	TE HO BY TH	IE POLICIES
IN If	/IPO SU	RTANT: If th BROGATION I	e ce S W	ertificate holde /AIVED, subje	risa ctto	n AD the	DITIONAL INSURED, the terms and conditions of ificate holder in lieu of su	the pol	icy, certain	policies may				
	DUCE			conter rights t		UCIT		CONTAC NAME:		•				
		Partners, LLC	;					PHONE (A/C, No	. Ext): (877) 6	668-1704		FAX (A/C, No):	(866)	553-6202
		ິ 11227 ooga, TN 3740	1					E-MAIL	ss: certificat	tes@relian	cepartners.cor	n	., ,	
									INS	SURER(S) AFFO	RDING COVERAGE			NAIC #
								INSURE	RA: Century	y Surety Co	ompany			36951
INSU	JRED							INSURE	R в : Berkley	Casualty	Company			15911
COOK LOGISTICS LLC				INSURE	R C : Americ	an Intersta	te Insurance C	ompar	ıy	31895				
				ITY ROAD A				INSURE	R D : XL Spe	cialty Insur	ance Company	/		37885
		Delavan,	WI 5	53115				INSURE	RE:					
								INSURE	RF:					
co	VER	AGES		CER	TIFI	CATE	E NUMBER:				REVISION NUM	BER:		
IN C E	IDIC) ERTI XCLI	ATED. NOTWIT FICATE MAY B	'HST E IS	ANDING ANY F	PER POLI	IREMI TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITIO , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WIT BED HEREIN IS SU	H RESP	ECT TC	WHICH THIS
		TYPE OF I			INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMI	тѕ	2 000 000
Α	X		CLAIMS-MADE X OCCUR CCP898348		ССР898348	10/9/2023	10/9/2023	10/1/2024	DAMAGE TO RENTED		\$ \$	2,000,000 100,000		
									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		ю- СТ	LOC							PRODUCTS - COMP	OP AGG	\$ \$	Included
В	AU		Y								COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
		ANY AUTO					UPK 6518157 - 0		10/1/2023 1	10/1/2024	BODILY INJURY (Pe	r person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS X HILTOS AUTOS ONLY X NON-OWNED AUTOS ONLY				BODILY INJURY (Pe PROPERTY DAMAG (Per accident)	r accident) E) \$ \$							
													\$	
		UMBRELLA LIAB	L	OCCUR							EACH OCCURRENC	E	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE		\$	
-		DED RETE	NTIO	N \$									\$	
С	WOF AND	RKERS COMPENSA EMPLOYERS' LIAE		,							PER STATUTE	OTH- ER	1	
	ANY	PROPRIETOR/PART			N/A		AVWCWI3215062023	215062023 10/1	10/1/2023	10/1/2024	E.L. EACH ACCIDEN	Т	\$	1,000,000
			_00								E.L. DISEASE - EA E	MPLOYE	E \$	1,000,000
-	DES	s, describe under CRIPTION OF OPER		ONS below					40/11/0000	4014 1000 1	E.L. DISEASE - POL		\$	1,000,000
В	PHYSICAL DAMAGE UPK 6518157 - 0			10/1/2023 10/1/2024					1,000					
D	MO	tor Truck Carg	0				UM00080173MA23A		10/1/2023	10/1/2024	DED \$2,500			1,000,000
MOT COV W73 LIMI MTC	FOR /ERE 577 C T: \$4 ; DE	TRUCK CARGC D PROPERTY \ OUNTY ROAD I,000,000): IC WHIL A, D	O :XL Specialty LE AT THE FOL ELAVAN, WI 53 ds 100,000 and	Insu LOW 115	rance	0 101, Additional Remarks Schedu Company PREMISES	ile, may b	e attached if mor	re space is requi	red)			
SEE	ATT	ACHED ACORI	D 10					04110						
CΕ	r: i II	FICATE HOLDI	ĽK _					CANC	ELLATION					

CERTIFICATE HOLDER	CANCELLATION
COOK LOGISTICS LLC W7377 COUNTY ROAD A Delavan, WI 53115	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
	may

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AGENCY CUSTOMER ID: COOKLO	G-06	
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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
CARRIER	NAIC CODE	
SEE PAGE 1		
POLICY NUMBER		Delavan, WI 53115
Reliance Partners, LLC		COOK LOGISTICS LLC
AGENCY		NAMED INSURED

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: It's 25,000 for cargo stored at the premise.

OCCUPATIONAL ACCIDENT - POLICY # 216-002-786 ICO: ONE BEACON INS GROUP CO PPE: INTACT FINANCIAL CORP EFF: 04/01/2023-04/01/2024 CSL: \$1,000,000 CSL / AGG: \$2,000,000