

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

_ [-1\								07/06/2021	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE COES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURE BEDDESENTATIVE OF BEDDUCER AND THE CERTIFICATE HOL DER											ВҮ ТНЕ	POLICIES	
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.													
						ms and conditions of the							
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRODUCER CONTACT NAME:													
C & M Insurance Services, Inc.							PHONE (A/C, No, Ext): 734-994-9440 FAX (A/C, No): 734-994-9431						
7100 Jackson Rd Ste 300							E-MAIL ADDRESS: info@cminsurance.com						
							INSURER(S) AFFORDING COVERAGE					NAIC #	
Ann Arbor MI 48103						MI 48103	INSURER A : Fremont					13994	
INSURED Eroptling Logistics Inc							INSURER B :						
Frontline Logistics, Inc.							INSURER C :						
Dave Lineberry							INSURER D :						
P.O. Box 756							INSURER E :						
South Lyon, MI 48178							INSURER F :						
										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,													
E)	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR		TYPE OF INSURAN	NCE	ADDL INSD	SUBR WVD	POLICY NUMBER	PC (MM	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
		MERCIAL GENERAL	LIABILITY							EACH OCCURRENCE	\$ 1,0	00,000	
		CLAIMS-MADE X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	0,000	
			_							MED EXP (Any one person)	\$ 5,0	00	
А				Ν	Ν	B 0024807	07	07/07/2021	07/07/2022	PERSONAL & ADV INJURY	L & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:								SENERAL AGGREGATE \$ 2,000,000		00,000		
	X POLIC	CY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	GG \$		
	ОТНЕ									Fire Legal Liability	\$		
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT \$ 1,000,000		00,000	
	ANY AUTO									BODILY INJURY (Per person) \$			
А		OWNED SCHEDULED AUTOS ONLY		N	Ν	B 0024807	07/07/202	7/07/2021	07/07/2022	BODILY INJURY (Per accident) \$			
	V HIRE	D V N	AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE \$			
	AUTO										\$		
	Х имвя	EXCESS LIAB CLAIMS-MADE		N	N		07/07/2021		EACH OCCURRENCE	\$ 1,0	00,000		
А						U 0014839		7/07/2021	07/07/2022	AGGREGATE		00,000	
	DED									NOOREO/TE	\$,	
	WORKERS	COMPENSATION	ION		N				07/07/2022	X PER OTH- STATUTE ER	Ψ.		
		AND EMPLOYERS' LIABILITY Y/N NNYPROPRIETOR/PARTNER/EXECUTIVE Y DFICER/MEMBEREXCLUDED? Mandatory in NH) I yes, describe under DESCRIPTION OF OPERATIONS below		N / A				07/07/2021		E.L. EACH ACCIDENT	¢ 1.0	00,000	
А	OFFICER/M					WCP 0009516	07			E.L. DISEASE - EA EMPLOYEE \$ 1,000,0			
	If yes, descr								E.L. DISEASE - POLICY LIMIT		00,000		
	DESCRIPTI	ON OF OPERATION	5 below							E.L. DISEASE - POLICT LIMIT	5 1,0	00,000	
DESC		F OPERATIONS / LOO	CATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may be atta	tached if more	e space is require	ed)	1		
						,							
		on Purposes On rrv. Jennifer Line				Excluded from the Worker	s' Compen	nsation Pol	icv as Officer	s of the Corporation			
Dave Lineberry, Jennifer Lineberry & Greg Haigh are Excluded from the Workers' Compensation Policy as Officers of the Corporation.													
0=		E HOLDER					CANCELLATION						
							GANGEL						
								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
		Frontline Log	nistics Inc				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		P.O. Box 75					ACCORDANCE WITH THE POLICY PROVISIONS.						
South Lyon, MI 48178							AUTHORIZED REPRESENTATIVE						
Colomi hilitar													
									U.	any man			
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