



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/28/2023

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><br>Aon Risk Services South, Inc.<br>Richmond VA Office<br>7325 Beaufont Springs Drive<br>Suite 300<br>Richmond VA 23225 USA | <b>CONTACT NAME:</b><br>PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): 800-363-0105 |  |               |
|   | <b>E-MAIL ADDRESS:</b>   |  |               |
| <b>INSURED</b><br>G. I. Trucking Company<br>P O Box 25612<br>Richmond, VA 23228 USA   | <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
|   | <b>INSURER A:</b> XL Specialty Insurance Co  |  | 37885         |
|   | <b>INSURER B:</b> AIU Insurance Company  |  | 19399         |
|   | <b>INSURER C:</b> United States Fire Insurance Co.   |  | 21113         |
|   | <b>INSURER D:</b> ACE Property & Casualty Insurance Co.  |  | 20699         |
|   | <b>INSURER E:</b>  |  |               |
| <b>INSURER F:</b>   |  |  |               |

**COVERAGES**      **CERTIFICATE NUMBER:** 570099223741      **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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |                          |
|----------|--|-----------|----------|---|-------------------------|-------------------------|--|--------------------------|
| C        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |           |          | 595-103081-4<br>SIR applies per policy terms & conditions | 05/01/2023              | 05/01/2024              | EACH OCCURRENCE  | \$2,000,000              |
|          |  |           |          |   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | Excluded                 |
|          |  |           |          |   |                         |                         | MED EXP (Any one person)   | Excluded                 |
|          |  |           |          |   |                         |                         | PERSONAL & ADV INJURY  | \$2,000,000              |
|          |  |           |          |   |                         |                         | GENERAL AGGREGATE  | \$4,000,000              |
|          |  |           |          |   |                         |                         | PRODUCTS - COMP/OP AGG   | \$4,000,000              |
| C        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> Tri Intrchg \$40,000 <input checked="" type="checkbox"/> Form MCS-90 |           |          | 595-103081-4<br>SIR applies per policy terms & conditions | 05/01/2023              | 05/01/2024              | COMBINED SINGLE LIMIT (Ea accident)  | \$10,000,000             |
|          |  |           |          |   |                         |                         | BODILY INJURY (Per person)   |                          |
|          |  |           |          |   |                         |                         | BODILY INJURY (Per accident)   |                          |
|          |  |           |          |   |                         |                         | PROPERTY DAMAGE (Per accident)   |                          |
| D        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   |           |          | XOOG27979324008<br>Lead Umbrella                          | 05/01/2023              | 05/01/2024              | EACH OCCURRENCE  | \$10,000,000             |
|          |  |           |          |   |                         |                         | AGGREGATE  | \$10,000,000             |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | WC013755766<br>(AOS)                                      | 05/01/2023              | 05/01/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |                          |
|          |  |           |          |   |                         |                         | E.L. EACH ACCIDENT   | \$1,000,000              |
|          |  |           |          |   |                         |                         | E.L. DISEASE-EA EMPLOYEE   | \$1,000,000              |
|          |  |           |          |   |                         |                         | E.L. DISEASE-POLICY LIMIT  | \$1,000,000              |
| A        | <b>Motor Truck Cargo Coverage</b>  |           |          | UM00025218MA23A   | 05/01/2023              | 05/01/2024              | Any One Conveyance Deductible  | \$1,000,000<br>\$100,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Motor Truck Cargo policy is a property policy for first party insured coverage and is not a liability policy.

### CERTIFICATE HOLDER

### CANCELLATION

|                      |  |
|----------------------|--|
| Evidence of Coverage | 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<br><br><i>Aon Risk Services South, Inc.</i>  |

Holder Identifier :

Certificate No : 06022023

