THOMASHA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/10/2019

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 confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT Joanna Engel				
Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750		PHONE (A/C, No, Ext): (407) 998-4156 14156 (A/C, No): (321)	214-6429			
		E-MAIL ADDRESS: Joanna.Engel@ioausa.com				
		INSURER(S) AFFORDING COVERAGE	NAIC#			
	<u>`</u>	INSURER A : Covington Specialty Insurance Company	13027			
INSURED		INSURER B : Progressive Express Insurance Company	10193			
MCO Freight	Connection, Inc.	INSURER C: Kinsale Insurance Company	38920			
PO Box 5936	· - -	INSURER D : Michigan Commercial Insurance Mutual	10998			
Orlando, FL	32859	INSURER E: Travelers Property Casualty Company of America	25674			
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:				

COVERAGES

CERTIFICATE 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.

		D CONDITIONS OF SUCI			LIMITS SHOWN MAY HAVE BEEN					
INSR LTR	SR TR TYPE OF INSURANCE		ADDI	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERC	AL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIR	S-MADE X OCCUR			VBA650805	10/03/2018	8 10/03/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	<u> </u>							MED EXP (Any one person)	\$	5,000
		·	.					PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREG	TE LIMIT APPLIES PER:				ن		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						-		\$	
В	B AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO				02724170-9	01/21/2019	07/21/2019	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ON	Y X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ON	Y NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
C	UMBRELL	LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
	X EXCESS L	B CLAIMS-MADI		İ	0100057007-1	10/03/2018	10/03/2019	AGGREGATE	\$	2,000,000
	DED	RETENTION \$							\$	
D	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N N / A (Mandatory in NH)							X PER OTH- STATUTE ER		·
			NIA	WC10000163872019A	01/01/2019	01/01/2020	E.L. EACH ACCIDENT	\$	1,000,000	
			"				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		and the second					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
E	E Motor Truck Cargo			QT-660-0996C184-TIL-18	10/03/2018	10/03/2019	Per Diaster		100,000	
		*								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

FOR YOUR INFORMATION ONLY MCO Freight Connection 2425 E. Landstreet Rd #700 IOrlando, FL 32824

AUTHORIZED REPRESENTATIVE

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