Client#: 1759026 **LTITRUCK**

$ACORD_{^{\!\scriptscriptstyle{\mathrm{IM}}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2024

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 any rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER							CONTACT Mandie Gutierrez					
USI Insurance Srvcs LLC-Transp							PHONE (A/C, No, Ext): 630-625-5230 FAX (A/C, No):					
202	1 Sp	oring Road, Suite 100				E-MAIL ADDRESS: Mandie.Gutierrez@usi.com						
Oak Brook, IL 60523							INSURER(S) AFFORDING COVERAGE				NAIC #	
312 442-7200							INSURER A : Great West Casualty Co				11371	
INSURED							INSURER B:					
LTI Trucking Services, Inc							INSURER C:					
1028 Eagle Park Road												
Madison, IL 62060						INSURER D:						
					-	INSURER E:						
CO1	OCCUPACIO OF OF OTO OTO OTO OTO OTO OTO OTO OTO						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER: VE 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. TYPE OF INSURANCE ADDIL SUR INSUR WYD POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER INSUR INSURED												
INSR LTR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER				LIMIT			
Α	Х	COMMERCIAL GENERAL LIABILITY			GRT31282A		10/21/2024	10/21/2025	EACH OCCURRENCE	\$1,00	0,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	000	
									MED EXP (Any one person)	\$5,00	0	
									PERSONAL & ADV INJURY	\$1,00	0,000	
	GEN	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,00	0,000			
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,00	0,000	
		OTHER:								\$		
Α	AUT	TOMOBILE LIABILITY GRT31282A ANY AUTO		GRT31282A	10/21/202	10/21/2024	10/21/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
						BODILY INJURY (Per person)	\$					
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$			
	v	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		1.5.55 61421								\$		

Trailer Interchng **GRT31282A** 10/21/2024 10/21/2025 \$75,000 / \$5,000 Ded. DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

GRT31282A

GRT31282A

Bailee **GRT31282A** 10/21/2024 to 10/21/2025 \$200,000 Limit / \$5,000 Deductible

CERTIFICATE HOLDER	CANCELLATION				
For Informational Purposes Only	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				
	Quede Mamurton				

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EACH OCCURRENCE

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

AGGREGATE

10/21/2024 10/21/2025 Comp/Coll - \$15,000

10/21/2024 10/21/2025 \$250,000 / \$15,000 Ded.

\$

\$

\$

OTH-ER

UMBRELLA LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

(Mandatory in NH)

Cargo (Broad)

Physical Damage

OCCUR

CLAIMS-MADE

N/A

