

CERTIFICATE OF LIABILITY INSURANCE

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 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).

INSURED	Phone	(434)298-6775
CB WILSON TRANSPORT LLC		
601 DINWIDDIE AVE		
BLACKSTONE VA 23824		

ISSUE DATE: 10-28-2024
PRODUCER: Harvey Snook
ISSUED BY: Geniene May, Ext. 309
Insured Fed ID # 36-4714076
MC # 793573

COVERAGES

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.

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other	SENTRY SELECT INSURANCE COMPANY POLICY NUMBER: A0152691001 POLICY PERIOD FROM: 6-5-2024 TO: 6-5-2025	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input type="checkbox"/>	SENTRY SELECT INSURANCE COMPANY POLICY NUMBER: A0152691001 POLICY PERIOD FROM: 6-5-2024 TO: 6-5-2025	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY \$2,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$5,000
MOTOR TRUCK CARGO	SENTRY SELECT INSURANCE COMPANY POLICY NUMBER: A0152691001 POLICY PERIOD FROM: 6-5-2024 TO: 6-5-2025	PER VEHICLE \$100,000 PER DISASTER \$200,000 DEDUCTIBLE \$2,500 REEFER LIMIT REEFER DEDUCTIBLE
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	SIRIUS AMERICA INSURANCE COMPANY POLICY NUMBER: WC 99418 02 POLICY PERIOD FROM: 6-5-2024 TO: 6-5-2025	<input checked="" type="checkbox"/> Statutory Limits <input type="checkbox"/> Other EACH ACCIDENT \$100,000 DISEASE-POLICY LIMIT \$500,000 DISEASE-EACH EMPLOYEE \$100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

**FOR AN AMENDED
 CERTIFICATE OF INSURANCE
 PLEASE EMAIL GMAY@ACRISURE.COM**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Timothy L. OByan