



## SERVICE INSURANCE AGENCY LLC

6850 Catawba Lane • Richmond, VA 23226

Phone (804) 288-6993 • Fax (804) 285-0679

# 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).

<b>INSURED</b>	Insured Phone	(434)298-6775
<b>CB WILSON TRANSPORT LLC</b>		
<b>601 DINWIDDIE AVE</b>		
<b>BLACKSTONE VA 23824</b>		

**ISSUE DATE:** 5-27-2022  
**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
<b>AUTOMOBILE LIABILITY</b> <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	<b>SENTRY SELECT INSURANCE COMPANY</b> POLICY NUMBER: <b>A0152691001</b> POLICY PERIOD FROM: <b>6-5-2022</b> TO: <b>6-5-2023</b>	COMBINED SINGLE LIMIT <b>\$1,000,000</b> BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
<b>GENERAL LIABILITY</b> <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"/>	<b>SENTRY SELECT INSURANCE COMPANY</b> POLICY NUMBER: <b>A0152691001</b> POLICY PERIOD FROM: <b>6-5-2022</b> TO: <b>6-5-2023</b>	GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY <b>\$2,000,000</b> EACH OCCURRENCE <b>\$1,000,000</b> FIRE DAMAGE (Any one fire) <b>\$100,000</b> MED. EXPENSE (Any one person) <b>\$5,000</b>
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	POLICY NUMBER: POLICY PERIOD FROM: TO:	EACH OCCURRENCE AGGREGATE
<b>MOTOR TRUCK CARGO</b>	<b>SENTRY SELECT INSURANCE COMPANY</b> POLICY NUMBER: <b>A0152691001</b> POLICY PERIOD FROM: <b>6-5-2022</b> TO: <b>6-5-2023</b>	PER VEHICLE <b>\$100,000</b> DEDUCTIBLE <b>\$2,500</b> PER DISASTER <b>\$200,000</b> REEFER DEDUCTIBLE
<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>	<b>SIRIUS AMERICA INSURANCE COMPANY</b> POLICY NUMBER: <b>WC 99418 00</b> POLICY PERIOD FROM: <b>6-5-2022</b> TO: <b>6-5-2023</b>	<input checked="" type="checkbox"/> Statutory Limits <input type="checkbox"/> Other EACH ACCIDENT <b>\$100,000</b> DISEASE-POLICY LIMIT <b>\$500,000</b> DISEASE-EACH EMPLOYEE <b>\$100,000</b>
<b>PHYSICAL DAMAGE</b>	<b>SENTRY SELECT INSURANCE COMPANY</b> POLICY NUMBER: <b>A0152691001</b> POLICY PERIOD FROM: <b>6-5-2022</b> TO: <b>6-5-2023</b>	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

### 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 R. O'Bryan*

**FOR AMENDED CERTIFICATE PLEASE EMAIL GENIENE@SERVICEINS.COM**