



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/20/2019

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 Marsh USA Inc. 411 E. Wisconsin Avenue Suite 1300 Milwaukee, WI 53202 Attn: CPU, Phone: (414) 290-4700 Fax: (414) 290-4953 EVID	CONTACT NAME:			
	PHONE (A/C, No. Ext):		FAX (A/C, No):	
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Schneider Logistics Transportation, Inc. 250 Grange Road Port Wentworth, GA 31407	INSURER A : Old Republic Insurance Company			24147
	INSURER B : General Insurance Company of America			24732
	INSURER C :			
	INSURER D :			
	INSURER E :			
INSURER F :				

COVERAGES **CERTIFICATE NUMBER:** CHI-007148652-55 **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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	COMMERCIAL GENERAL LIABILITY				MWZY 314559	03/01/2019	03/01/2020	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:									
	X	POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$ 1,000,000	
		OTHER:									
									GENERAL AGGREGATE	\$ 2,000,000	
									PRODUCTS - COMP/OP AGG	\$ 2,000,000	
										\$	
B		AUTOMOBILE LIABILITY				5776819	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X	ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/>					BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB	<input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$	
		DED								\$	
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				MWC 314556 00	03/01/2019	03/01/2020	X PER STATUTE		
A		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	MWXS 314558	03/01/2019	03/01/2020	E.L. EACH ACCIDENT	\$ 1,000,000
A		If yes, describe under DESCRIPTION OF OPERATIONS below					MWWEX 309866	03/01/2019	03/01/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
										E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A		Cargo				MWE 314560	03/01/2019	03/01/2020	Limit	100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Insurance Company of America has issued a Bond of Financial Responsibility #5776819 guaranteeing payment of Auto Liability claims in the amount and limits set forth on this certificate.

Schneider National, Inc. or certain of its subsidiaries are Qualified Self-Insureds in CA, KY, LA, MO, NV, OH, and WI. Workers' Compensation policy number MWXS 314558 (for CA, KY, LA, MO, NV and OH) and policy number MWWEX 309866 (for WI) provides statutory Workers' Compensation insurance coverage excess of their approved Self Insured Retention amount of \$500,000 in these states.

CERTIFICATE HOLDER Schneider Logistics Transportation, Inc. 250 Grange Road Port Wentworth, GA 31407	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. AUTHORIZED REPRESENTATIVE of Marsh USA Inc.
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