

## 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.

	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to					require an endorsement.	A statement	on
PRO	DUCER			CONTACT NAME:	. ,			
	Marsh USA Inc.			PHONE FAX				
	411 E. Wisconsin Avenue Suite 1300			(A/C, No, Ext): E-MAIL		(A/C, No):		
	Milwaukee, WI 53202			ADDRESS:				
	Attn: Phone: 414-290-4912 Fax: 414-290-4953			INSURER A : Old Rep	• •	RDING COVERAGE	24147	#
INSU	JRED			INSURER B : General		· /	24732	
	Schneider Logistics Transloading and Distribution, Inc.			INSURER C : N/A	insurance Compan	y Of Afficia	N/A	
	P.O. Box 193						1477	
	Savannah, GA 31402			INSURER D :				
				INSURER F :				
CO	VERAGES CERT	TIFICATE	NUMBER:	CHI-008911628-0	 6	REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIREMEN PERTAIN, T POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRAC ED BY THE POLIC BEEN REDUCED B	OT OR OTHER IES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO /	TO WHICH TH	HIS
NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		MWZY 314559	03/01/2019	03/01/2020	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		000,000
						MED EXP (Any one person) \$		
						PERSONAL & ADV INJURY \$	1,0	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$	2,0	000,000
	X POLICY PRO- OTHER:					PRODUCTS - COMP/OP AGG \$		000,000
В	AUTOMOBILE LIABILITY		5776819	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$	1,0	000,000
	X ANY AUTO					BODILY INJURY (Per person) \$	·	
	OWNED SCHEDULED					BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED					PROPERTY DAMAGE (Per accident) \$		
	AUTOS ONLY AUTOS ONLY					(Fer accident)		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$		
	DED RETENTION\$					\$		
Α	WORKERS COMPENSATION		MWC 314556 00	03/01/2019	03/01/2020	X PER OTH-		
Α	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE		MWXS 314558	03/01/2019	03/01/2020	E.L. EACH ACCIDENT \$	1,0	000,000
Α	OFFICER/MEMBER EXCLUDED?	N/A	MWWEX 309866	03/01/2019	03/01/2020	E.L. DISEASE - EA EMPLOYEE \$	1.0	000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	1.0	000,000
	BESCHIFTION OF OPENATIONS BRIOW					E.E. DIOLAGE 11 OLIGI LIMITI Q		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	•				•	c .	
ьen	neral Insurance Company of America has issued a Bon	u ot Financial	kesponsibility #5776819 guarante	eing payment of Auto Lia	ability claims in the a	mount and limits set forth on this certi	iicate.	
	neider National, Inc. or certain of its subsidiaries are Or y number MWWEX 309866 (for WI) provides statutory					· ·	MO, NV and OH)	and
- 5110	,			oon approved of	ou.ou rectoridor	sant or 4500,000 in those states.		
CF	RTIFICATE HOLDER			CANCELLATIO	N			
<u> </u>				VANOLLLATION				
Schneider Logistics Transloading and Distribution Inc. 1119 West Middlesex Ave. Port Reading, NJ 07064				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 REPRE of Marsh USA Inc.	SENTATIVE			
				I Managabi Milibada	_	×4		