Client#: 75746 LOADDEL														
ACORD. CERT					CA	TE OF LIAB			M/DD/YYYY) 2 /2016					
C B R	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).														
PRODUCER P&C North - Commercial Mesirow Insurance Services								CONTACT NAME: PHONE (A/C, No, Ext): 847 444-1060 E-MAIL E-MAIL E-MAIL						
1500 S. Lakeside Drive								ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #						
Bannockburn, IL 60015								RA: Seneca		10729				
INSU	RED	l oad Deliver	red Logistics	uс			INSURER B : Granite State Insurance					13102		
Load Delivered Logistics, LLC 640 N. LaSalle St., Ste 555							INSURER C : Hanover Insurance Company					22292 048946		
Chicago, IL 60654							INSURER D : Beazley - AM Best Number					048946 39020		
		-										53020		
CO	/ER	AGES	CER	TIFIC	ATE	NUMBER:	INSURER F : 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 INSU	RANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
Α	Χ	COMMERCIAL GENER				CMP4701728		02/28/2016	02/28/2017	EACH OCCURRENCE	\$1,00	,		
		CLAIMS-MADE	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300, • 5.00			
										MED EXP (Any one person)	\$5,00			
	GEN	I'L AGGREGATE LIMIT A								PERSONAL & ADV INJURY	\$1,00 \$2,00	,		
	X	PRO-								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,00 \$1,00	,		
	~	POLICY JECT	LOC							PRODUCTS - COMP/OF AGG	\$ 1,00 \$	0,000		
Е	AUT					TBL1531B	02/28/2016 02/28/2017		COMBINED SINGLE LIMIT (Ea accident) \$1,000,000		0,000			
		ANY AUTO				*Transportation		Broker	Liability	BODILY INJURY (Per person)	\$,		
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
	Χ	*									\$			
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB	CLAIMS-MADE	-						AGGREGATE	\$			
Р	WOF					065257604 (!!.)		02/20/2040	02/28/2017	X PER OTH- STATUTE ER	\$			
В	AND	EMPLOYERS' LIABILIT	TY V/N			065257694 (IL) 065257695 (CA)				STATUTE ÉR E.L. EACH ACCIDENT	\$1,00	0.000		
		PROPRIETOR/PARTNE CER/MEMBER EXCLUE Indatory in NH)	DED?	N/A		555251 035 (OA)		0212012010	5212012011	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE				
	If yes	s, describe under CRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLICY LIMIT				
С		ntingent Cargo				IH5542415306		02/28/2016	02/28/2017					
D Excess TBL					WBX0210		per Vehicle 02/28/2016 02/28/2017 \$2,000,000 Occ/Agg X			X\$1M				
DES	RIPT	ION OF OPERATIONS /			ACORE	D 101, Additional Remarks Schedu								
Cer	tific	ate issued as ir	nformation on	ly.										
	_													
CEF	CERTIFICATE HOLDER								CANCELLATION					
"Sample"							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							

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