ACORD [®] CI				ERTIFICATE OF LIABILITY INSURANCE 9/30/2025							DATE (MM/DD/YYYY) 9/24/2024		
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).													
PRO	DUCE	R Lockton Compan	ies, LLC				CONTACT						
444 W. 47th Street, Suite 900 Kansas City MO 64112-1906							PHONE FAX (A/C, No, Ext): E-MAIL ADDRESS: FAX						
(816) 960-9000 kcasu@lockton.com							INSURER(S) AFFORDING COVERAGE INSURER A : Arch Insurance Company					NAIC # 11150	
INSURED LOAD DELIVERED LOGISTICS, LLC							INSURER B : Lloyds of London					11100	
¹⁴⁵³⁸⁰⁹ DBA CAPSTONE LOGISTICS							INSURER C : Arch Indemnity Insurance Company					30830	
30 TECHNOLOGY PARKWAY S PEACHTREE CORNERS GA 30						SUITE 200	INSURER D :						
FEACHIKEE COKNEKS GA 3					-								
		RAGES	CER	TIFI	^ATE	NUMBER: 1565636	INSURER F : 263 REVISION NU			REVISION NUMBER:	vv	XXXXX	
T IN C	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 INSUR		ADDL	SUBR WVD	POLICY NUMBER	F	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
Α	X	COMMERCIAL GENERA		N	N	41GPP1077401		/30/2024	9/30/2025	EACH OCCURRENCE	\$ 1,50	00,000	
			X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,	
	X	\$1,500,000 SIR								MED EXP (Any one person)		XXXXX	
	GEI	」 N'L AGGREGATE LIMIT AF	PPI IES PER'							PERSONAL & ADV INJURY GENERAL AGGREGATE		00,000 000.000	
	X	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	- , .)0,000	
	OTHER:									\$			
В	AU			Ν	Ν	LDCH000261-00	9	/30/2024	9/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,00	00,000	
	Х	ANY AUTO OWNED	SCHEDULED							BODILY INJURY (Per person)		XXXXX	
	-	AUTOS ONLY HIRED	AUTOS NON-OWNED							BODILY INJURY (Per acciden PROPERTY DAMAGE		XXXXX	
	X	AUTOS ONLY CONT. AUTO	AUTOS ONLY							(Per accident)		XXXXX XXXXX	
В	X	UMBRELLA LIAB	OCCUR	N	N	B0180MA2405567.	9	/30/2024	9/30/2025	EACH OCCURRENCE	-	000,000	
_	1	EXCESS LIAB	CLAIMS-MADE						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE		000,000	
		DED RETENTION	N \$								\$ XX	XXXXX	
Ç		RKERS COMPENSATION DEMPLOYERS' LIABILITY	Y/N		Ν	44WCI1077501 (AOS)		/30/2024	9/30/2025	X PER OTH- STATUTE ER			
Α	OFF	PROPRIETOR/PARTNER/E	EXECUTIVE	N/A		41WCI1077401 (FL)	9	/30/2024	9/30/2025	E.L. EACH ACCIDENT	,	00,000	
	If ve	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYE	,		
В	-	CRIPTION OF OPERATIO	NS below	N	N	LDCH000261-00	9	/30/2024	9/30/2025	E.L. DISEASE - POLICY LIMIT \$1.000.000 CARGO LEO	1-1-1		
	CO	NTINGENT CARGO		1		ED CHIO00201 00	Í	130/2021	5/50/2025	\$1,000,000 CONT CAR		-	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Umbrella covers General Liability. ANY AUTO ON A CONTINGENT AUTO BASIS.													
CE	RTIF	FICATE HOLDER					CANCE	CANCELLATION					
15656363 Information Only								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
							AUTHORIZ	AUTHORIZED REPRESENTATIVE					
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