



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
03/30/2023

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).

|   |   |                                       |
|---|---|---------------------------------------|
| <b>PRODUCER</b><br>Aon Risk Services, Inc. of Maryland<br>10461 Mill Run Circle<br>5th Floor<br>Owings Mills MD 21117 USA | <b>CONTACT NAME:</b><br>_____                                 |                                       |
|   | <b>PHONE (A/C. No. Ext):</b> (866) 283-7122                   | <b>FAX (A/C. No.):</b> (800) 363-0105 |
| <b>E-MAIL ADDRESS:</b><br>_____   |   |                                       |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   | <b>NAIC #</b>                         |
| <b>INSURED</b><br>Loup Logistics Company<br>1400 Douglas Street<br>Omaha NE 68179 USA                                     | <b>INSURER A:</b> Old Republic Insurance Company 24147        |                                       |
|   | <b>INSURER B:</b> Travelers Casualty Ins Co of America 19046  |                                       |
|   | <b>INSURER C:</b> American Guarantee & Liability Ins Co 26247 |                                       |
|   | <b>INSURER D:</b> _____                                       |                                       |
|   | <b>INSURER E:</b> _____                                       |                                       |
|   | <b>INSURER F:</b> _____                                       |                                       |

**COVERAGES**      **CERTIFICATE NUMBER:** 570092519242-23      **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.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD   | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | Limits shown as requested  |             |
|----------|---|---|----------|-----------------|-------------------------|-------------------------|--|-------------|
|          |   |   |          |                 |                         |                         | LIMITS   |             |
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |   |          | MWZY30455823    | 04/01/2023              | 04/01/2024              | EACH OCCURRENCE  | \$1,000,000 |
|          |   |   |          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$100,000   |
|          |   |   |          |                 |                         |                         | MED EXP (Any one person)   | \$10,000    |
|          |   |   |          |                 |                         |                         | PERSONAL & ADV INJURY  | \$1,000,000 |
|          |   |   |          |                 |                         |                         | GENERAL AGGREGATE  | \$1,000,000 |
|          |   |   |          |                 |                         |                         | PRODUCTS - COMP/OP AGG   | \$1,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                             |   |          | MWTT 304212 23  | 04/01/2023              | 04/01/2024              | COMBINED SINGLE LIMIT (Ea accident)  | \$1,000,000 |
|          |   |   |          |                 |                         |                         | BODILY INJURY (Per person)   |             |
|          |   |   |          |                 |                         |                         | BODILY INJURY (Per accident)   |             |
|          |   |   |          |                 |                         |                         | PROPERTY DAMAGE (Per accident)   |             |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   |   |          | AUC930801620    | 04/01/2023              | 04/01/2024              | EACH OCCURRENCE  | \$5,000,000 |
|          |   |   |          |                 |                         |                         | AGGREGATE  | \$5,000,000 |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input type="checkbox"/> Y<br><input checked="" type="checkbox"/> N | N/A      | UB6P7994022343G | 04/01/2023              | 04/01/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT | \$1,000,000 |
|          |   |   |          |                 |                         |                         | E.L. DISEASE-EA EMPLOYEE   | \$1,000,000 |
|          |   |   |          |                 |                         |                         | E.L. DISEASE-POLICY LIMIT  | \$1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Evidence of Coverage.

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>Loup Logistics Company<br>1400 Douglas Street<br>Omaha NE 68179 USA | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|  | <b>AUTHORIZED REPRESENTATIVE</b><br><br><i>Aon Risk Services, Inc. of Maryland</i>  |

Holder Identifier :

570092519242

Certificate No :

