

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/02/2020

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, subje s certificate does not confer rights						require an endorse	ement. A sta	atement on
PRODU	JCER			CONTAC NAME:	ET L	.aura Zody			
	W.N. Tuscano Agency	PHONE (A/C, No	, Ext): 7	717-234-1200 FAX (A/C, No)(17-234-1280					
	PO Box 1027, 950 High	E-MAIL ADDRESS: lauraz@reillyinsurancellc.com							
	GREENSBURG PA 15601			INSURER(S) AFFORDING COVERAGE					NAIC#
				INSURE	RA: U.S. Liab	oility Insuranc	e Co		25895
INSUR				INSURE	RB:				
	pressCargo LLC			INSURE					
	L Erford Road Lte 301	INSURE							
	MP HILL PA 17011	INSURE	RE:						
				INSURE	RF:				
COV	ERAGES CE	RTIFICATE	NUMBER:				REVISION NUMBE	ER:	
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 SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE		000,000
	CLAIMS-MADE X OCCUR	X	GL1068539		10/01/2020	10/01/2021	DAMAGE TO RENTED	\ \$ 100	0 000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY	Х		GL1068539	10/01/2020	10/01/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Λ		GL1066539	10/01/2020	10/01/2021	PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	<pre>\$ Included</pre>
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBEREXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)	14774					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF ODERATIONS (LOCATIONS (VEHICLES (ACORD 404 Additional Remarks Sahadula may be attached if mare once in couried)									

CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Truckers

Certificate holder is listed as Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
Szeles Real Estate	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2405 E. Park Dr. # 102	AUTHORIZED REPRESENTATIVE
Harrisburg, PA 17110	Rebut weems



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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 to this certificate does not confer rights to the cer	erms and conditions of the tificate holder in lieu of su	e policy, certain po ch endorsement(s)	olicies may ı	•			
PRODUCER		CONTACT NAME: Laura Zody					
W.N. Tuscano Agency Inc.		PHONE (A/C, No, Ext): 717-234-1200 FAX (A/C, No) 717-234-1280					
PO Box 1027, 950 Highland A	we.	E-MAIL ADDRESS: lauraz@reillyinsurancellc.com					
GREENSBURG PA 15601		INS	NAIC#				
		INSURER A : U.S. Liab	oility Insuranc	e Co	25895		
INSURED		INSURER B:					
4ExpressCargo LLC		INSURER C:					
101 Erford Road		INSURER D:					
Suite 301 CAMP HILL PA 17011		INSURER E :					
		INSURER F :					
COVERAGES CERTIFICAT	E NUMBER:			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSU							
INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN.	•						
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES				TIEREN 10 GODDEOT 10	ALL THE TERMO,		
INSR LTR TYPE OF INSURANCE ADDL SUB INSD WVI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$	1,000,000		
CLAIMS-MADE X OCCUR X	GL1068539	10/01/2020	10/01/2021	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000		
				MED EXP (Any one person) \$	5,000		

LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	5
Α	Х	COMMERCIAL GENERAL LIABILITY	Х		GL1068539	10/01/2020	10/01/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
		CLAIMS-MADE X OCCUR	21		GETGGGGG	10/01/2020	10/01/2021	PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	<pre>\$ Included</pre>
		OTHER:							\$
	AU	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
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		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Truckers

Certificate holder is listed as Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
DowellGroup-MPG, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
101 Erford Rd, Suite 300 Camp Hill, PA 17011	AUTHORIZED REPRESENTATIVE
1	Palvet I vacamo

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