

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/03/2024

0110012021											
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).											
	AssuredPartners of Indiana, LLC				NAME: Assultable inters of initiality, LLC PHONE (ACC, No, Ext): (765)463-1878						
	2540 Kent Avenue				È-MÁIL	trucki		edpartners.com	00/100		
	West Lafayette			IN 47906-	ADDRES	55.	5			NAIC #	
							st Casualty Co.			11371	
INSU	JRED				INSURE		,				
	Khara Group Inc				INSURE						
	1780 Doncaster Dr										
	Avon	IN 46123-5640			INSURER D :						
					INSURER E :						
со	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES C		-		-					-	
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		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY			GRT04595B		. ,	(MM/DD/YYYY) 07/10/2025		\$	1,000,000	
	CLAIMS-MADE X OCCUR					0771072021	0771072020	DAMAGE TO RENTED	\$	100,000	
									\$	5,000	
									ф \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	* \$ \$	2,000,000	
A	OTHER:					07/10/2024	07/10/2025	COMBINED SINGLE LIMIT	Ψ \$	1,000,000	
				GRT04595B		07/10/2024	07/10/2025	(Ea accident)	\$	1,000,000	
	OWNED X SCHEDULED							,	\$		
	AUTOS ONLY AUTOS X HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
								(Per accident)	\$		
									\$		
	EXCESS LIAB CLAIMS-MADE								φ \$		
	DED RETENTION \$								φ \$		
	WORKERS COMPENSATION							PER OTH-	Þ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
А	Physical Damage			GRT04595B		07/10/2024	07/10/2025	\$1.000 Deductible	*		
А	Motor Truck Cargo			GRT04595B				\$1,000 Deductible	\$10	0,000 Limit	
	Trailer Interchange							\$1,000 Deductible		0,000 Limit	
201	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 8 Volvo Tractor #4V4NC9EJ6JN893884 Stat	ed Va	lue \$2	28,000	e, may be	attached if more	e space is require	d)			
201	8 Wabash Trailer #1JJV532D2JL082023 Stat	ieu Va	iiue \$	22,000							
CE	RTIFICATE HOLDER				CANCELLATION AI 053370						
For Vehicle Schedule 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.					
						AUTHORIZED REPRESENTATIVE					

Fax:() -

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/02/2024

0110212024										
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).										
	DUCER		0011		CONTA			Indiana II C		
	AssuredPartners of Indiana, LL	0			CONTACT NAME: AssuredPartners of Indiana, LLC PHONE (A/C, No, Ext): (765)463-1878					2 1212
	2540 Kent Avenue				(A/C, N E-MAIL	b, Ext): (703)			/03)40.	3-1313
	West Lafayette			IN 47906-	ADDRE	SS: UTUCK	ing.inio@assur	edpartners.com		
								NDING COVERAGE		NAIC #
					INSURE	RA:Great We	est Casualty Co			11371
INSURED					INSURE	RB:				
	Khara Group Inc				INSURE	RC:				
	1780 Doncaster Dr	IN 46123-5640			INSURER D :					
	Avon									
					INSURER E :					
	VERAGES CE		° ^ TE	NUMBER:	INSURE	:R 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 POLICY EFF POLICY EFF POLICY EXP										
INSR LTR		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5	
A				GRT04595B		07/10/2024	07/10/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
									\$	
A	OTHER:					07/10/2024	07/10/0005	COMBINED SINGLE LIMIT	\$	1,000,000
А				GRT04595B		07/10/2024	07/10/2025	(Ea accident)		1,000,000
								BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	.T	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								¢	
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
A						07/40/000	07/10/0005	E.L. DISEASE - POLICY LIMIT	\$	
	Physical Damage Motor Truck Cargo			GRT04595B		07/10/2024	07/10/2025	\$1,000 Deductible		
А	Trailer Interchange			GRT04595B		07/10/2024	07/10/2025	\$1,000 Deductible		00,000 Limit
								\$1,000 Deductible	\$5	50,000 Limit
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is require	ed)		
All t	nits on file with insurance company.									
CERTIFICATE HOLDER						CELLATION				No holders
Becker Logistics PO Box 88126					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Carol Stream IL 60188						AUTHORIZED REPRESENTATIVE				
Carol Stream IL 60188									and a second second	
		in ann								

Fax: