



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/22:14:17:21

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).

PRODUCER LINKS INSURANCE SERVICES, INC 6200 VILLAGE PARKWAY, SUITE#203 DUBLIN, CA 94568	CONTACT NAME: PHONE (A/C, No, Ext): (925) 361-5185 FAX (A/C, No): (925) 556-1636 E-MAIL ADDRESS: CERTIFICATES@LINKSINSURANCE.NET														
INSURED HERO TRUCK LINE INC 5657 W DAYTON AVE FRESNO CA 93722	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: KNIGHT SPECIALTY INSURANCE COM</td><td>0</td></tr><tr><td>INSURER B: ACCELERANT INSURANCE</td><td>16890</td></tr><tr><td>INSURER C: ALLIED WORLD ASSURANCE COMPANY</td><td>0</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: KNIGHT SPECIALTY INSURANCE COM	0	INSURER B: ACCELERANT INSURANCE	16890	INSURER C: ALLIED WORLD ASSURANCE COMPANY	0	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 0001 / 08/25/2022**REVISION NUMBER:** 8042

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			KSI000736-00	08/26/22	08/26/23	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$ \$ 1,000,000 \$ 0 \$ 0 \$ 0
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$ 0 \$ 0
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$ \$ 0 \$ 0 \$ 0
B	MOTOR TRUCK CARGO			S0021PK01-MTC-37483-LISI	06/27/22	06/27/23	CARGO LIMIT \$ 100,000
C	PHYSICAL DAMAGE			0312-5349-37483-LISI	06/27/22	06/27/23	COMP/COLL DED \$ 2,500

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

VEHICLE SCHEDULE PER SUBMISSION WITH INSURANCE COMPANY

Reefer- Breakdown Coverage Included with Deductible \$ 2,500 on Cargo Policy # S0021PK01-MTC-37483-LISI

Cargo Deductible - \$ 1,000 on Cargo Policy # S0021PK01-MTC-37483-LISI

Trailer-Interchange Coverage included for \$100,000 on Cargo Policy # S0021PK01-MTC-37483-LISI

For more information see attached Acord 101 form

CERTIFICATE HOLDER**CANCELLATION**

BBI LOGISTICS LLC 80 E RICH ST STE 200 COLUMBUS, OH, 43216	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 ERIKA ULINSKAITE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Links Insurance Services Inc.		NAMED INSURED HERO TRUCK LINE INC 5657 W DAYTON AVE FRESNO CA 93722	
POLICY NUMBER KSI000736-00			
CARRIER KNIGHT SPECIALTY INSURANCE COM	NAIC CODE 0	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ FORM TITLE: _____

2023 VOLVO TRACTOR 4V4NC9EJ3PN622628 \$ 181000 - (LISTED ON LIAB/CARGO/PD)
2022 VOLVO TRACTOR 4V4NC9EH2NN294340 \$ 150000 - (LISTED ON PD)
2022 FREIGHTLINER TRACTOR 3AKJHHDR3NSNB5965 \$ 170000 - (LISTED ON LIAB/CARGO/PD)
2022 FREIGHTLINER TRACTOR 3AKJHHDR9NSNB5968 \$ 170000 - (LISTED ON PD)
2022 FREIGHTLINER TRACTOR 3AKJHHDR3NSNB5966 \$ 170000 - (LISTED ON LIAB/CARGO/PD)
2021 FREIGHTLINER TRACTOR 3AKJHHDRXMSMA2612 \$ 120000 - (LISTED ON PD)
2023 UTILITY TRAILER 1UYVS2538P2910235 \$ 110000 - (LISTED ON PD)
2023 UTILITY TRAILER 1UYVS2536P2910234 \$ 110000 - (LISTED ON PD)
2023 UTILITY TRAILER 1UYVS2531P2889308 \$ 111000 - (LISTED ON PD)
2022 UTILITY TRAILER 1UYVS2537N2629802 \$ 100000 - (LISTED ON PD)
2022 UTILITY TRAILER 1UYVS253XN2594804 \$ 100000 - (LISTED ON PD)
2022 UTILITY TRAILER 1UYVS2536N2447721 \$ 100000 - (LISTED ON PD)
2022 UTILITY TRAILER 1UYVS2530P6822337 \$ 110000 - (LISTED ON PD)
2022 UTILITY TRAILER 1UYVS2530P6822336 \$ 110000 - (LISTED ON PD)