# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/21/2025

**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**
MARSH USA LLC
1401 Discovery Parkway, Suite 150
Wauwatosa, WI 53226
Attn: P: 866-966-4664 F: 212-948-4348

**CONTACT NAME:**
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Old Republic Insurance Company | 24147 |
| INSURER B : General Insurance Company of America | 24732 |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Midwest Logistics Systems Ltd.
8779 State Route 703
Celina, OH 45822

**COVERAGES** **CERTIFICATE NUMBER:** CHI-010135981-12 **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 LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X **COMMERCIAL GENERAL LIABILITY** | | | MWZY 31455925 | 03/01/2025 | 03/01/2026 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | 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 |
| | OTHER: | | | | | | | $ |
| B | **AUTOMOBILE LIABILITY** | | | 5776819 | 03/01/2025 | 03/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | **UMBRELLA LIAB** OCCUR | | | | | | EACH OCCURRENCE | $ |
| | **EXCESS LIAB** CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| A | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** | | | MWC 31455625 | 03/01/2025 | 03/01/2026 | X PER STATUTE OTH-ER | |
| A | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N | N / A | | MWXS 31455825 | 03/01/2025 | 03/01/2026 | E.L. EACH ACCIDENT | $ 1,000,000 |
| A | **(Mandatory in NH)** | | | MWWEX 309866 | 03/01/2025 | 03/01/2026 | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| A | If yes, describe under DESCRIPTION OF OPERATIONS below | | | MWXS 31606925 | 03/01/2025 | 03/01/2026 | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| A | Cargo | | | MWE 31456025 | 03/01/2025 | 03/01/2026 | Limit | 100,000 |

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

General Insurance Company of America has issued a Bond of Financial Responsibility #5776819 guaranteeing payment of Auto Liability claims in the amount and limits set forth on this certificate.

Schneider National, Inc. or certain of its subsidiaries are Qualified Self-Insureds in certain states. Workers' Compensation policy number MWXS 31455825 (AOS) and policy number MWWEX 309866 (WI) and MWXS 31606925 (CA) provides statutory Workers' Compensation insurance coverage excess of their approved Self Insured Retention amount of $500,000 in these states.

**CERTIFICATE HOLDER**

Midwest Logistics Systems Ltd
8779 State Rte 703
Celina, OH 45822

**CANCELLATION**

**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**

Marsh USA LLC

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