										CFSLOGI-0	1	SMEUNIER
CERTIFICATE OF LIA							ABILITY INSURANCE				DATE (MM/DD/YYYY)	
												4/6/2016
E		TIFICATE DOES	NOT AFFIRMA TIFICATE OF IN	TIVELY	OR NEGA	TIVELY AMEN	ID, EXTE TUTE A	END OR AL	TER THE C	S UPON THE CERTIFICA OVERAGE AFFORDED THE ISSUING INSURER	BY TH	E POLICIES
ll t	MPC ne 1	ORTANT: If the terms and condition	certificate hold	der is an cy, certa	n ADDITION	AL INSURED.	the polic	y(ies) must l ement. A sta	be endorsed atement on t	. If SUBROGATION IS V his certificate does not o	VAIVE	D, subject to rights to the
		ficate holder in li	eu of such endo	rsemen	t(s).		CONTA	CT				
PRODUCER Transportation Insurance Advisors LLC 463 Mountain View Drive, Suite 206 Colchester, VT 05446								NAME: PHONE (A/C, No, Ext): (802) 448-4600 E-MAIL ADDRESS: (802) 448-4600 (A/C, No): (802)				654-9930
									SURER(S) AFFO	RDING COVERAGE		NAIC #
INS	JRED)					INSURI	ER A : Lancer				26077
		CFS Logist	tics. Inc.				INSURI	ER C :				and the second sec
		1485 South	County Trail St	500			INSURI	ER D :				
		East Green	wich, RI 02818				INSURI	ERE:				
							INSURI	ERF:				
CO	VE	RAGES	CE	RTIFICA	TE NUMBI	ER:				REVISION NUMBER:		
Т	HIS	IS TO CERTIFY T	THAT THE POLIC	IES OF	INSURANCE	LISTED BELON	W HAVE E	EEN ISSUED	TO THE INSU	RED NAMED ABOVE FOR	THE PC	
C	ERT	AIED. NOIWITH	ISTANDING ANY ISSUED OR MAY	REQUIRI Y PERTA I POLICI	EMENT, TER AIN, THE INS ES. LIMITS S	M OR CONDIT	ION OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEI IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESP	FOT TO	WHICH THIS
LTR		TYPE OF INS	URANCE	ADDL SI		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
		COMMERCIAL GEN								EACH OCCURRENCE	\$ \$	
										PREMISES (Ea occurrence) MED EXP (Any one person)		
	210										\$	
	GE	N'L AGGREGATE LIMI	T APPLIES PER							PERSONAL & ADV INJURY	\$	
		POLICY PRO- JECT								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	
		OTHER:							_	COMBINED SINGLE LIMIT	\$	
Α	AU	TOMOBILE LIABILITY								(Ea accident)	\$	1,000,000
A		ANY AUTO ALL OWNED	SCHEDULED		CM0056	319-03		04/10/2016	04/10/2017	BODILY INJURY (Per person)	\$	
	x	AUTOS HIRED AUTOS	K SCHEDULED AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	-
		EXCESS LIAB	CLAIMS-MAD	E						AGGREGATE	\$	
	14/0	DED RETEN							_		\$	
		RKERS COMPENSATIO								PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTN	ER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Ma	ndatory in NH) es, describe under								E.L. DISEASE - EA EMPLOYEE	E \$	
	DES	SCRIPTION OF OPERA	TIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Ph	ysical Damage			CM0056	319-03		04/10/2016	04/10/2017	Comp/Coll Ded		5,000
DES	CRIP	TION OF OPERATIONS	/ LOCATIONS / VEHIC	CLES (AC	ORD 101, Additi	onal Remarks Sche	dule, may b	e attached if mor	re space is requi	red)		
							Late, may b		o opaoe is requi			
CE	RTI	FICATE HOLDER	2				CANC	ELLATION				
							SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
INSURED'S COPY COPY IS FOR INFORMATIONAL PURPOSES ONLY						THE	EXPIRATION	N DATE TH	IEREOF, NOTICE WILL CY PROVISIONS.	BE DE	LIVERED IN	
			TACT INSURAN	CE			AUTHORIZED REPRESENTATIVE					
AGENT TO ISSUE						A V. V.g.Com						

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ACORD	CERT	IFICATE OF LIA	BIL	ITY INS	URANG	CE		(MM/DD/YYYY)	
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRI BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCE	IATIVELY INSURAN 2, AND TH	OR NEGATIVELY AMEND ICE DOES NOT CONSTITU IE CERTIFICATE HOLDER.), EXTE	ONTRACT	BETWEEN	OVERAGE AFFORDED THE ISSUING INSURE	ATE HO BY TH R(S), A	LDER. THIS E POLICIES UTHORIZED	
IMPORTANT: If the certificate hol the terms and conditions of the po certificate holder in lieu of such er	icy, certa	In policies may require an e	e policy endorse	(ies) must b ement. A sta	e endorsed. Itement on ti	If SUBROGATION IS his certificate does not	WAIVED confer), subject to rights to the	
PRODUCER			CONTA NAME:	^{ICT} Hannah	Evans				
Gencorp Insurance Group, 1	nc			o, Ext): (800)		FAX (AIC N): (401)8	84-0290	
16 Main St									
East Greenwich RI	00010		INSURER(S) AFFORDING COVERAGE NAIC #						
INSURED	02818		INSURER A : Federal Insurance Company 2028						
CFS Logistics, Inc.			INSURER B :						
1485 South County Trail			INSURE						
			INSURER D :						
have been a second and the second and th	02818		INSURER F :						
		ATE NUMBER:CL1617231				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLI INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF SU	REQUIRE	MENT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESP	FOT TO	MALIOU TUO	
INSR LTR TYPE OF INSURANCE	ADDL S	UBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	_					MED EXP (Any one person)	\$		
GEN'L AGGREGATE LIMIT APPLIES PER	-					PERSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	\$		
OTHER:						PRODUCTS - COMP/OP AGG	\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
						BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) \$		
HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$		
UMBRELLA LIAB OCCUR							\$		
EXCESS LIAB CLAIMS-M	DE						\$		
DED RETENTION \$						AGGREGATE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	φ		
ANY PROPRIETOR/PARTNER/EXECUTIVE	/N N/A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYE	\$		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
A Motor Truck Cargo Legal Liability		06675529		2/5/2016	2/5/2017	Single Conveyance Deductible		\$1,000,000 \$2,500	
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES (AC	ORD 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requir	red)			
					e opace is requi				
								\sim	
CERTIFICATE HOLDER			CANC						
			CANC	ELLATION					
For Informational P	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						
			R Padula, CIC/HANNAH Archand Aradael						
ACORD 25 (2014/01)						DRD CORPORATION.			

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R									
ACORD [®] CERTIFICATE OF LIABILITY INSURANCE									
		and the state of t							
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.									
THE CERTIFICATE HOLDER.									
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).	e policy(les) must endorsement. A s	be endorsed tatement on t	If SUBROGATION IS N this certificate does not	VAIVED, subject confer rights to	t to the				
PRODUCER CONTACT Ashley Motta									
Gallo Thomas Insurance	PHONE (A/C, No, Ext): (40:	1)732-9100) FAX	: (401)732-0091					
117 Metro Center Blvd	E-MAIL ADDRESS: amotta	a@gallotho	Dmas.com						
Suite 1004			FORDING COVERAGE NAIC #						
Warwick RI 02886	INSURER A :Star	<u></u>		NAIC	#				
INSURED	INSURER B :								
CFS Logistics Inc.	INSURER C :								
1485 South County Trail Ste 500	INSURER D :								
	INSURER E :								
East Greenwich RI 02818	INSURER F :								
COVERAGES CERTIFICATE NUMBER:15-16 WC	ONLY Master		REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H, INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	N OF ANY CONTRA	CT OR OTHER	DOCUMENT WITH RESP						
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP () (MM/DD/YYYY)							
COMMERCIAL GENERAL LIABILITY	(MM/DD/YYYY	() (MM/DD/YYYY)							
CLAIMS-MADE OCCUR			EACH OCCURRENCE DAMAGE TO RENTED	\$					
			PREMISES (Ea occurrence)	\$					
			MED EXP (Any one person)	\$					
GEN'L AGGREGATE LIMIT APPLIES PER:			PERSONAL & ADV INJURY	\$					
POLICY PRO- JECT LOC			GENERAL AGGREGATE	\$					
OTHER:			PRODUCTS - COMP/OP AGG	\$					
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	\$					
ANY AUTO			(Ea accident)	\$					
ALL OWNED SCHEDULED AUTOS			BODILY INJURY (Per person)	\$					
HIRED AUTOS AUTOS			BODILY INJURY (Per accident) PROPERTY DAMAGE						
			(Per accident)	\$					
UMBRELLA LIAB OCCUR				\$					
EXCESS LIAB CLAIMS-MADE			EACH OCCURRENCE	\$					
DED RETENTION \$			AGGREGATE	\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			PER OTH-	\$					
ANY PROPRIETOR/PARTNER/EXECUTIVE			STATUTE ER						
A (Mandatory in NH) N/A WC 0851011 00	11/30/2015	11/30/2016	E.L. EACH ACCIDENT	\$ 500,0					
If yes, describe under DESCRIPTION OF OPERATIONS below		11/30/2010	E.L. DISEASE - EA EMPLOYEE						
			E.L. DISEASE - POLICY LIMIT	\$ 500,0	000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Coverage subject to policy forms, terms and conditions.									

CERTIFICATE HOLDER	CANCELLATION
Evidence of Coverage	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
	Thomas Disanto/ASHLEY

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