ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2015

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 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						CONTACT Lynn LaCastro					
	H Erie Transportation				PHONE (A/C, No, Ext): 412 992-2869 FAX (A/C, No): 412 535-0769						
2221A Peninsula Drive					E-MAIL ADDRESS:						
Erie, PA 16506					INSURER(S) AFFORDING COVERAGE NAIC #						
877 774-7477					INSURER A : Great West Casualty Company					11371	
INSURED					INSURER B:						
	Dedicated Fatime Express LLC					INSURER C:					
155 E. Vine Street					INSURER D:						
Hatfield, PA 19440											
				Г	INSURE			-0			
COVERAGES CERTIFICATE NUMBER-						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 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										VEEDIOD	
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 WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI7	LIMITS		
Α	GENERAL LIABILITY			GWP58677I				EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	SERVANOS	
	CLAIMS-MADE X OCCUR					1		MED EXP (Any one person)	\$5,00		
						1		PERSONAL & ADV INJURY	\$1,00		
						1		GENERAL AGGREGATE	\$2,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:					1			+		
	PRO-					1		PRODUCTS - COMP/OP AGG	\$2,00	0,000	
Α	AUTOMOBILE LIABILITY			GWP586771	- 17-11	44/05/2045	44/05/2046	COMBINED SINGLE LIMIT (Ea accident)	1	2 222	
^			10	GWF300//I		11/05/2015	11/05/2010			0,000	
	ANY AUTO ALL OWNED AUTOS AUTOS							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	-		
	X HIRED AUTOS X AUTOS							(Per accident)	\$		
	UNIDELLALIAD	+	-			ļ			\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	4						AGGREGATE	\$		
	DED RETENTION\$	-	ļ					T T	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
	Y PROPRIETOR/PARTNER/EXECUTIVE N/A			Messe			E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under		•	ra*	11		E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below				21			E.L. DISEASE - POLICY LIMIT	\$		
Α	Motor Cargo GWP58677I			GWP586771		11/05/2015	/05/2015 11/05/2016 \$150,000 Vehicle Limit				
								\$1000 Deductible			
				3			Reefer	Breakdown Include	d		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
<u> </u>	THE TOTAL HOLDER			The state of the s	CANC	ELLATION					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			7	AUTHO	AUTHORIZED REPRESENTATIVE						
	1				ant	thomas & A	Yocis				

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