

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2022

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 NAME: Gayle D Williams				
IOA Insurance Services 3875 Hopyard Rd		PHONE (A/C, No, Ext): (925) 918-4532 FAX (A/C, No): (92		6-7869		
200		E-MAIL ADDRESS: gayle.williams@ioausa.com				
Pleasanton CA 94588		INSURER(S) AFFORDING COVERAGE		NAIC #		
	License#: 0E67768	INSURER A: American Casualty Company of Read	ing,	20427		
INSURED	FREITEC-02	ınsurer в : Kinsale Insurance Company		38920		
Freight Tec Management Group, PO Box 1349	Inc.	INSURER C: TT Club Mutual Insurance Limited				
Bountiful UT 84011		INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 671797318	REVISION NUI	MBFR.			

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	ADDLISUBRI POLICY EFF POLICY EXP								
LTR			INSD WV		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
С	X COMMERCIAL GENER		N	N	B22032022001	4/20/2022	4/20/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	DET CONTROL L	X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	X 10,000							MED EXP (Any one person)	\$ 50,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT A	PPLIES PER:						GENERAL AGGREGATE	\$
	X POLICY PRO-	LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							Professional	\$ 1,000,000
С	AUTOMOBILE LIABILITY		N	N	B22032022001	4/20/2022	4/20/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
В	UMBRELLA LIAB	X OCCUR			01001705760	11/20/2021	4/20/2023	EACH OCCURRENCE	\$ 5,000,000
	X EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED RETENTIC	ON\$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Ν	WC712561514	11/20/2022	4/20/2023	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)		, ^					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Contingent Cargo Liability		N N	ZZ	B22032022001	4/20/2022	4/20/2023	Each claim/Aggregate Deductible	500,000 15,000

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

CERTIFICATE HOLDER CANO	ELLATION
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Freight Tec Management Group 190 N Main St Ste 225 Bountiful UT 84010

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