

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
6/13/2019

PRODUCER Brands Insurance Agency, Inc.
P.O. Box 62267
Cincinnati, OH 45262-0267
p (513) 777-7775 f (513) 777-7782
certificates@brandsinsurance.com

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

INSURERS AFFORDING COVERAGE

COMPANY
A Sentry Select Insurance Company #21180

COMPANY
C Central Mutual Insurance Co #20230

COMPANY

COMPANY

INSURED
Miller Expedited Freight Inc.

5777 Decatur Blvd. STE 300
Indianapolis, IN 46241-9561

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C	GENERAL LIABILITY	CLP-9794873	6/25/2019	6/25/2020	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$2,000,000
					EACH OCCURRENCE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PE				FIRE DAMAGE (Any one fire) \$300,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				MED EXP (Any one person) \$5,000
A	AUTOMOBILE LIABILITY	A0008785001	6/25/2019	6/25/2020	COMBINED SINGLE LIMIT \$2,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> ALL OWNED AUTO				BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTO				PROPERTY DAMAGE
	<input checked="" type="checkbox"/> HIRED AUTO				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY -EA ACCIDENT
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT
					AGGREGATE
	EXCESS LIABILITY				EACH OCCURANCE
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS
					OTH- ER
	THE PROPRIETER/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT
	<input type="checkbox"/> EXCL				EL DISEASE - EACH EMP
A	OTHER Physical Damage Coverage	A0008785001	6/25/2019	6/25/2020	Stated amount or actual cash value (whichever is less); subject to \$2500 deductible Comprehensive Deductible 2500 Collision Deductible 2500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEM

Non-owned Trailer while attached \$20,000
This vehicle was added to the above policy(s) on 6/25/2019.

CERTIFICATE HOLDER

None

Listed as Loss Payee

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

