



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/27/2018

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).

|   |  |
|---|--|
| <b>PRODUCER</b><br>Corporate 4 Insurance Agency Inc.<br>7220 Metro Boulevard<br><br>Edina MN 55439-2133 | <b>CONTACT NAME:</b> Donna Hoffman<br><b>PHONE (A/C, No, Ext):</b> (952) 893-9218<br><b>FAX (A/C, No):</b> (952) 893-9402<br><b>E-MAIL ADDRESS:</b> dhoffman@corporatefour.com |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |
| <b>INSURED</b><br>Enterprise Freight Systems, Inc.<br>1684 Marthaler Ave<br><br>West St. Paul MN 55118  | <b>INSURER A :OWNERS</b> NAIC # 32700  |
|   | <b>INSURER B :Auto Owners</b> NAIC # 18988   |
|   | <b>INSURER C :</b>   |
|   | <b>INSURER D :</b>   |
|   | <b>INSURER E :</b>   |
|   | <b>INSURER F :</b>   |

**COVERAGES**                      **CERTIFICATE NUMBER:18-19**                      **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        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 08148203      | 11/13/2018              | 11/13/2019              | EACH OCCURRENCE \$ 1,000,000  |
|          |   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                            |
|          |   |           |          |               |                         |                         | MED EXP (Any one person) \$ 10,000  |
|          |   |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |
| A        | AUTOMOBILE LIABILITY<br><br><input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>   |           |          | 08148203      | 11/13/2018              | 11/13/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person) \$   |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | 4113343302    | 11/1/2018               | 11/1/2019               | EACH OCCURRENCE \$ 1,000,000  |
|          |   |           |          |               |                         |                         | AGGREGATE \$ 1,000,000  |
|          |   |           |          |               |                         |                         | \$  |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          | 08148204      | 11/13/2018              | 11/13/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          |   |           |          |               |                         |                         | E.L. EACH ACCIDENT \$ 500,000   |
|          |   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 500,000   |
|          |   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000  |

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

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b>   | <b>CANCELLATION</b>  |
| Enterprise Freight System, Inc.<br>1684 Marthaler Ave.<br>W. St. Paul, MN 55118 | 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  |
|   | Gary Andren/DONNA  |

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/7/2019

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<br>Associated Benefits and Risk Consulting, LLC<br>6000 Clearwater Drive<br>Minnetonka MN 55343 | CONTACT NAME: Nicole Dahle<br>PHONE (A/C, No, Ext): 952-947-9700<br>E-MAIL ADDRESS: Nicole.Dahle@AssociatedBRC.com             | FAX (A/C, No): 952-947-9793 |
|  | INSURER(S) AFFORDING COVERAGE  |                             |
| INSURED<br>Enterprise Freight Systems, Inc.<br>1684 Marthaler Lane<br>St. Paul MN 55118                  | ENTEFRE-01<br>INSURER A : Hanover Insurance Company<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : | NAIC #<br>22292             |

### COVERAGES

CERTIFICATE NUMBER: 1416145813

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                               |                                   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--------------------------------------|-----------------------------------|
|          | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE                      | \$                                |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY                                     |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)  | \$                                |
|          | UMBRELLA LIAB<br>EXCESS LIAB<br>DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE                      | \$                                |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      |               |                         |                         | PER STATUTE                          | OTHER                             |
| A        | Contingent Cargo   |           |          | IHX8692289    | 4/20/2019               | 4/20/2020               | Per Truck<br>Per Loss<br>Deductible: | \$100,000<br>\$200,000<br>\$1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Limit: \$100,000 per Railcar, subject to \$1,000 deductible. Reefer Breakdown included, subject to \$2,500 deductible.

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|--|--|
| CERTIFICATE HOLDER<br><br>SAMPLE CERTIFICATE ONLY... | CANCELLATION<br>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<br>  |

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