

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/22/2018

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 poli certificate holder in lieu of such end				ent. A stat	tement on th	is certificate does not co	onter rig	ints to the						
PRODUCER Dawson Insurance Agency 721 1st Avenue North Fargo ND 58102				CONTACT Donna Christlieb PHONE (A/C, No, Ext): 701-237-3311 E-MAIL ADDRESS: donna@dawsonins.com										
										INSURER(S) AFFORDING COVERAGE NAIC #				
										INSURER A : Northland Insurance Company				27989
				INSURED RELIA-2				INSURER B : Secura Insurance				22543		
				Reliance Transportation, Inc. 717 North 21st Street Fargo ND 58102-3223			THOUSEN D. COURT HOUSEN					22040		
INSURER C:														
INSURER D :														
		INSURER E :												
		INSURER F:												
		TE NUMBER: 570563399				REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	REQUIREN PERTAIN	MENT, TERM OR CONDITION N, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAVE	OF ANY OF BY THE BEEN RE	CONTRACT IE POLICIE DUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCCUMENT WITH RESPECT TO	CT TO W	HICH THIS						
TYPE OF INSURANCE	INSD W		(N	POLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s							
B X COMMERCIAL GENERAL LIABILITY		CP 3275728	11/1/	11/1/2018	11/1/2019	EACH OCCURRENCE \$ 1,00		00						
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000							
						MED EXP (Any one person)	\$ 10,000							
						PERSONAL & ADV INJURY	\$ 1,000,0	00						
GEN'L AGGREGATE LIMIT APPLIES PER:	-					GENERAL AGGREGATE	\$ 2,000,0	00						
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000.0	00						
0.01							\$							
OTHER: AUTOMOBILE LIABILITY		WF006970		11/1/2018	11/1/2019	COMBINED SINGLE LIMIT	\$ 4 000 0	20						
The second second				111111111111111111111111111111111111111	111112010	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 SOURCE STATE STATE		Ju						
ANY AUTO ALL OWNED SCHEDULED		III				BODILY INJURY (Per accident)								
AUTOS AUTOS						PROPERTY DAMAGE	\$							
X HIRED AUTOS X AUTOS						(Per accident)	\$							
	-													
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$							
EXCESS LIAB CLAIMS-MA	DE					AGGREGATE	\$							
DED RETENTION \$						LDER L. LOTH	\$							
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		CP 3275728	11/1/201	11/1/2017	11/1/2018	PER X OTH-	ND Slop Gap							
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000							
						E.L. DISEASE - EA EMPLOYEE	E \$1,000,000							
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	00						
A Motor Truck Cargo Broad Form Includes Reefer Breakdown		WF008970		11/1/2018	11/1/2019	Cargo Limit Deductible Theft Deductible	\$100,00 \$5,000 \$10,000							
ESCRIPTION OF OPERATIONS / LOCATIONS / VE	CICLES (ACC	DRD 101, Additional Remarks Sched	iule, may be a	attached If mo	re space Is requi	red)								
CERTIFICATE HOLDER				CANCELLATION										
			SHOUL	LD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B BY PROVISIONS.								
TO Whom it May Concern				AUTHORIZED REPRESENTATIVE										

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