



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/25/2025

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).

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| PRODUCER Aon Risk Services South, Inc. Richmond VA Office 424 Hull Street 2nd Floor Richmond VA 23224 USA | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 | | |
| | E-MAIL ADDRESS: | | |
| INSURED G.I. Trucking dba Estes West PO Box 25612 Richmond VA 23260-5612 USA | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Underwriters At Lloyds London | | 15792 |
| | INSURER B: Berkley National Insurance Company | | 38911 |
| | INSURER C: National Union Fire Ins Co of Pittsburgh | | 19445 |
| | INSURER D: AIU Insurance Company | | 19399 |
| | INSURER E: Lloyd's Syndicate No. 1225 | | AA1127225 |
| INSURER F: | | | |

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570112247723** **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. Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|--|-------------------------|-------------------------|--|--------------|
| C | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GL3372588 SIR applies per policy terms & conditions | 05/01/2025 | 05/01/2026 | EACH OCCURRENCE | \$5,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$5,000,000 |
| | | | | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$5,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$10,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$10,000,000 |
| C | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | AL 4805467 AOS | 05/01/2025 | 05/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$10,000,000 |
| | | | | | | | BODILY INJURY (Per person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| E | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | CSUSA2407449 XS Auto - 5 X10 | 05/01/2025 | 05/01/2026 | EACH OCCURRENCE | \$5,000,000 |
| | | | | | | | AGGREGATE | \$10,000,000 |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N | WC062790901 AOS WC062790900 WI | 05/01/2025 | 05/01/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | |
| | | | N/A | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | | | | | | | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 |
| | | | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 |
| B | Motor Truck Cargo Coverage | | | 1101642 | 05/01/2025 | 05/01/2026 | Any One Conveyance | \$1,000,000 |

Certificate No : 570112247723

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Motor Truck Cargo policy is a property policy for first party insured coverage and is not a liability policy.

CERTIFICATE HOLDER**CANCELLATION**

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| G.I. Trucking dba Estes West Attn: Curtis Carr PO Box 25612 Richmond VA 23260-5612 USA | 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 |





ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|---|--|
| AGENCY Aon Risk Services South, Inc. | | NAMED INSURED G.I. Trucking dba Estes West | |
| POLICY NUMBER See Certificate Number: 570112247723 | | | |
| CARRIER See Certificate Number: 570112247723 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|--------------------------------|-----------|----------|--------------------------------------|------------------------------------|-------------------------------------|-----------------|--------------|
| | WORKERS COMPENSATION | | | | | | | |
| C | | N/A | | XWC1310386 CA, AL, NC, OH, SC, VA | 05/01/2025 | 05/01/2026 | | |
| | OTHER | | | | | | | |
| A | Excess Auto Liability Coverage | | | CSUSA2407494 | 05/01/2025 | 05/01/2026 | Each Occurrence | \$5,000,000 |
| | | | | | | | Aggregate | \$10,000,000 |
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