



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

<b>PRODUCER</b> License # 60236 <b>HUB International Three Rivers</b> 1250 Tower Lane Erie, PA 16505	<b>CONTACT</b> <b>Jill Trohoske</b> <b>NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b> jill.trohoske@hubinternational.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Covington Specialty Insurance Company <b>INSURER B:</b> Eastern Atlantic Insurance Company <b>INSURER C:</b> Crum & Forster Specialty Insurance Company <b>INSURER D:</b> Great American Insurance Company <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b>  <b>All-Pro Transport Inc</b> 1635 E 6th St Ashtabula, OH 44004-3721	<b>NAIC #</b> <b>13027</b> <b>28649</b> <b>44520</b> <b>16691</b>

**COVERAGES****CERTIFICATE NUMBER:****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																					
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: <b>Employers Liability</b>			<b>VBB168178</b>	<b>5/7/2025</b>	<b>3/16/2026</b>	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td><b>1,000,000</b></td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td><b>100,000</b></td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td><b>5,000</b></td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td><td><b>1,000,000</b></td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td><b>2,000,000</b></td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td><b>2,000,000</b></td></tr><tr><td>(Stop Gap)</td><td>\$</td><td><b>1,000,000</b></td></tr></table>	EACH OCCURRENCE	\$	<b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	<b>100,000</b>	MED EXP (Any one person)	\$	<b>5,000</b>	PERSONAL & ADV INJURY	\$	<b>1,000,000</b>	GENERAL AGGREGATE	\$	<b>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$	<b>2,000,000</b>	(Stop Gap)	\$	<b>1,000,000</b>
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<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>TEA340058625</b>	<b>3/16/2025</b>	<b>3/16/2026</b>	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td><b>1,000,000</b></td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	<b>1,000,000</b>	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$							
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<b>C</b>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			<b>SEO-136517</b>	<b>3/16/2025</b>	<b>3/16/2026</b>	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td><b>2,000,000</b></td></tr><tr><td>AGGREGATE</td><td>\$</td><td><b>2,000,000</b></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	<b>2,000,000</b>	AGGREGATE	\$	<b>2,000,000</b>		\$													
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y / N</b> <b>N / A</b>					<table><tr><td>PER STATUTE</td><td></td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td></td></tr></table>	PER STATUTE		OTH-ER	E.L. EACH ACCIDENT	\$		E.L. DISEASE - EA EMPLOYEE	\$		E.L. DISEASE - POLICY LIMIT	\$										
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<b>D</b>	<b>Motor Truck Cargo</b>			<b>IMP E961880 02</b>	<b>3/22/2025</b>	<b>3/16/2026</b>	<table><tr><td>Limit</td><td></td><td><b>100,000</b></td></tr><tr><td>Deductible</td><td></td><td><b>1,000</b></td></tr></table>	Limit		<b>100,000</b>	Deductible		<b>1,000</b>															
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

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