

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/12/2018

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

tl	ne terms and conditions of the police	y, cer	tain p	policies may require an e	ndorse	ment. A sta	tement on th	is certificate does not co	onfer r	ights to the	
certificate holder in lieu of such endorsement(s).						CONTACT Jennifer Bartl					
Sherman Insurance Agency, Inc.					NAME: DEMITTED Data 51 PHONE (651) 451-1758 (A/C, No, Ext): (651) 455-3923						
120 Bridgepoint Way, Suite C						(A/C, No, Ext): (031) 431-1735 (A/C, No): (0					
					INSURER(S) AFFORDING COVERAGE				NAIC#		
South Saint Paul MN 55075					INSURER A: Western National Insurance						
INSURED					INSURER B:						
Miracle Express Inc.					INSURE	RC:					
PO Box 131420					INSURER D:						
					INSURER E :						
		113-			INSURER F:						
			FICATE NUMBER:CL17121811								
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 PAD CALIFY.											
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	<u> </u>		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	\$ \$	1,000,000	
				CPP1155242		1/1/2018	1/1/2019	MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- LOC								\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000	
A	X ANY AUTO ALL OWNED SCHEDULED								\$		
	AUTOS AUTOS			CPP1155108		1/1/2018	1/1/2019	, , , ,	\$ \$		
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$ \$		
	INCREMAND	-									
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADD								\$		
	GLAIIVIO-IVIADI								\$		
	DED RETENTION \$ WORKERS COMPENSATION							♥ PER OTH-	\$		
	AND EMPLOYERS' LIABILITY VIA								\$	100,000	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WCV1020935		1/1/2018	1/1/2019	E.L. DISEASE - EA EMPLOYEE		100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			1101101011		_,_,_,_	-, -,	E.L. DISEASE - POLICY LIMIT		500,000	
A				4PP4455055		1/1/0010	7 /7 /0010	Per Auto	<u>*</u>	\$250,000	
A	Cargo Coverge Broad Form			CPP1155255		1/1/2018	1/1/2019	Deducitble		\$1,000	
	BIOAG FOIM							Deddolpie		Q27000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Reefer Breakdown Included.											
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						
						Kyle King/JEN					