

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01 , 01 , 2015

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 the terms and conditions of the policy certificate holder in lieu of such endor	, cerl	tain p	policies may require an e							
PRODUCER		- 13		CONTA	Cortific	ates				
Truck Writers					NAME: Certificates					
P.O. Box 490160 Blaine MN 55449-0160					(A/C, No, Ext):763-785-0500 (A/C, No):763-785-9360					
					ADDRESS:					
					INSURER(S) AFFORDING COVERAGE				11371	
INSURED AMERICV					INSURER B:					
American Veterans Logistics					INSURER C:					
LLC 16347 230th Ave NW					INSURER D:					
Elk River MN 55330					INSURER E:					
					INSURER F:					
COVERAGES CER	RTIFIC	CATI	E NUMBER: 872968013				REVISION NUME	BER:		
THIS IS TO CERTIFY THAT THE POLICIE. INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH D HEREIN IS SUBJ	RESPECT 1	TO WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A GENERAL LIABILITY	INSR	WVD	MCP07390B		(MM/DD/YYYY) 11/20/2014	11/20/2015	EACH OCCURRENCE		000,000	
v]							DAMAGE TO RENTED			
COMMERCIAL GENERAL LIABILITY						-	PREMISES (Ea occurre		00,000	
CLAIMS-MADE X OCCUR							MED EXP (Any one per			
		· orange				to Control of the Con	PERSONAL & ADV IN.		000,000	
							GENERAL AGGREGAT	TE \$2,0	000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/C		000,000	
POLICY PRO- JECT LOC								\$		
A AUTOMOBILE LIABILITY			MCP07390B	Ì	11/20/2014	11/20/2015	COMBINED SINGLE L (Ea accident)	\$1,0	000,000	
ANY AUTO						-	BODILY INJURY (Per	person) \$		
ALL OWNED X SCHEDULED AUTOS						-	BODILY INJURY (Per a	accident) \$		
X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
Aoree							(i or deorderity	\$		
UMBRELLA LIAB OCCUR	1						EACH OCCURRENCE	\$	/ /- /- /- /- /- /- /- /- /- /- /- /-	
EXCESS LIAB CLAIMS-MADE	_						AGGREGATE	\$		
CLAIIVIG-IVIADE	1						AGGREGATE			
DED RETENTION \$ WORKERS COMPENSATION	+	-		-			WC STATU-	OTH-		
AND EMPLOYERS' LIABILITY Y / N							WC STATU- TORY LIMITS	I ER	romania de la composición del composición de la	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM	PLOYEE \$		
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT \$	West of the second	
A Cargo Liability (Broad Form)			MCP07390B		11/20/2014	11/20/2015	Limit Deductible	100, 1,00		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space i	s required)	L			
S										
CERTIFICATE HOLDER					CANCELLATION					
VOID										
FOR INFORMATION ONLY					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
VOID					AUTHODIZED DEDDECENTATIVE					
VOID					AUTHORIZED REPRESENTATIVE					

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