

CERTIFICATE OF INSURANCE

ISSUE DATE: 09/20/2014

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

	Certificate Holder Name & Address	Insured Name & Address
Shawnee Trucking Co Inc.		Shawnee Trucking Co Inc
	213 Washington Ave	213 Washington Ave
	CARLSTADT, NJ 07072	CARLSTADT, NJ 07072

The policies listed below have been issued to the insured named above. 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. NOTE: Coverage(s) and Limit(s) shown below are as of the Issue Date of the Certificate.

Coverage Provided	Policy Number	Policy Dates	Limits of Coverage	
General Liability Occurrence Basis - "Trucker - including	A0024033001	09/20/2014- 09/20/2015	General Aggregate Products - Completed Operations Aggregate	\$2,000,000 Not Covered
Products - Completed Operations".			Personal / Advertising Injury - Any one person or organization	\$1,000,000
			Each Occurrence	\$1,000,000
			Premises Damage - Any One Premises	\$100,000
			Medical Expense - Any one person	\$5,000
Automobile Liability ☐ Any Auto ☐ Scheduled Autos ☐ Hired Autos ☐ Non-owned Autos ☐ Non-Trucking Liability	A0024033001	09/20/2014- 09/20/2015	Each Accident - Combined Single Limit	\$1,000,000
Trailer Interchange Comprehensive Collision	A0024033001	09/20/2014- 09/20/2015	Stated Value Limit Deductible	\$40,000 \$1,000
Auto Physical Damage Comprehensive Collision	A0024033001	09/20/2014- 09/20/2015	Stated Value Limit Deductible	\$402,000 \$1,000
Inland Marine Motor Truck Cargo	A0024033001	09/20/2014-09/20/2015	Each Vehicle Limit Deductible	\$100,000 \$2,500

Description of Operations/Vehicle:		

If any of the above-listed policies cancel prior to the expiration date, Sentry Select Insurance Company will issue notice as provided in the policy.

Agent/Producer Name & Address Sentry Insurance - Pennsylvania A 1800 North Point Drive P O Box 8036 Stevens Point, WI 54481	gency	Ruk Withwarm
FAX: 888-295-6919	PHONE: 877-832-1835	Authorized Representative