



## 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 License # 60236</b> <b>HUB International Three Rivers</b> <b>1250 Tower Lane</b> <b>Erie, PA 16505</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A :</b> <b>Underwriters at Lloyd's London</b></td> <td style="text-align: right;"><b>15792</b></td> </tr> <tr> <td><b>INSURER B :</b> <b>Great West Casualty Company</b></td> <td style="text-align: right;"><b>11371</b></td> </tr> <tr> <td><b>INSURER C :</b> <b>ACE American Insurance Company</b></td> <td style="text-align: right;"><b>22667</b></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A :</b> <b>Underwriters at Lloyd's London</b>	<b>15792</b>	<b>INSURER B :</b> <b>Great West Casualty Company</b>	<b>11371</b>	<b>INSURER C :</b> <b>ACE American Insurance Company</b>	<b>22667</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
CONTACT NAME:																					
PHONE (A/C, No, Ext):	FAX (A/C, No):																				
E-MAIL ADDRESS:																					
<b>INSURER(S) AFFORDING COVERAGE</b>																					
<b>INSURER A :</b> <b>Underwriters at Lloyd's London</b>	<b>15792</b>																				
<b>INSURER B :</b> <b>Great West Casualty Company</b>	<b>11371</b>																				
<b>INSURER C :</b> <b>ACE American Insurance Company</b>	<b>22667</b>																				
<b>INSURER D :</b>																					
<b>INSURER E :</b>																					
<b>INSURER F :</b>																					
<b>INSURED</b>  <b>U.S. Bulk Transport, Inc.</b> <b>U.S. Bulk Transport IC, Inc.</b> <b>205 Pennbriar Dr</b> <b>Erie, PA 16509</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>COMMERCIAL GENERAL LIABILITY</b></td> </tr> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> <tr> <td colspan="2">GEN'L AGGREGATE LIMIT APPLIES PER:</td> </tr> <tr> <td><input checked="" type="checkbox"/> POLICY</td> <td> <input type="checkbox"/> PRO-JECT    <input type="checkbox"/> LOC  <input type="checkbox"/> OTHER:                 </td> </tr> </table>	<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 type="checkbox"/> OTHER:			<b>IRPI-AUGL-23-177</b>	<b>10/1/2023</b>	<b>10/1/2024</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ <b>1,000,000</b></td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$ <b>50,000</b></td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ <b>1,000</b></td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td style="text-align: right;">\$ <b>1,000,000</b></td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ <b>2,000,000</b></td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ <b>1,000,000</b></td> </tr> <tr> <td><b>Prof Liab</b></td> <td style="text-align: right;">\$ <b>100,000</b></td> </tr> </table>	EACH OCCURRENCE	\$ <b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>50,000</b>	MED EXP (Any one person)	\$ <b>1,000</b>	PERSONAL & ADV INJURY	\$ <b>1,000,000</b>	GENERAL AGGREGATE	\$ <b>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$ <b>1,000,000</b>	<b>Prof Liab</b>	\$ <b>100,000</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 type="checkbox"/> OTHER:																												
EACH OCCURRENCE	\$ <b>1,000,000</b>																												
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>50,000</b>																												
MED EXP (Any one person)	\$ <b>1,000</b>																												
PERSONAL & ADV INJURY	\$ <b>1,000,000</b>																												
GENERAL AGGREGATE	\$ <b>2,000,000</b>																												
PRODUCTS - COMP/OP AGG	\$ <b>1,000,000</b>																												
<b>Prof Liab</b>	\$ <b>100,000</b>																												
<b>B</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>AUTOMOBILE LIABILITY</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY</td> <td><input type="checkbox"/> SCHEDULED AUTOS</td> </tr> <tr> <td><input checked="" type="checkbox"/> HIRED AUTOS ONLY</td> <td><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</td> </tr> <tr> <td><input checked="" type="checkbox"/> MCS-90</td> <td></td> </tr> </table>	<b>AUTOMOBILE LIABILITY</b>		<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/> MCS-90				<b>GRT08894A</b>	<b>10/1/2023</b>	<b>10/1/2024</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$ <b>1,000,000</b></td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</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)	\$		\$				
<b>AUTOMOBILE LIABILITY</b>																													
<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS																												
<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY																												
<input checked="" type="checkbox"/> MCS-90																													
COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>																												
BODILY INJURY (Per person)	\$																												
BODILY INJURY (Per accident)	\$																												
PROPERTY DAMAGE (Per accident)	\$																												
	\$																												
<b>B</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> UMBRELLA LIAB</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> <tr> <td><input checked="" type="checkbox"/> EXCESS LIAB</td> <td><input type="checkbox"/> CLAIMS-MADE</td> </tr> <tr> <td>DED</td> <td>RETENTION \$</td> </tr> </table>	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	DED	RETENTION \$			<b>CEP01431A</b>	<b>10/1/2023</b>	<b>10/1/2024</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ <b>4,000,000</b></td> </tr> <tr> <td>AGGREGATE</td> <td style="text-align: right;">\$ <b>4,000,000</b></td> </tr> <tr> <td><b>Excess Auto Lia</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PER STATUTE</td> <td>OT-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ <b>4,000,000</b>	AGGREGATE	\$ <b>4,000,000</b>	<b>Excess Auto Lia</b>	\$	PER STATUTE	OT-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$		
<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR																												
<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE																												
DED	RETENTION \$																												
EACH OCCURRENCE	\$ <b>4,000,000</b>																												
AGGREGATE	\$ <b>4,000,000</b>																												
<b>Excess Auto Lia</b>	\$																												
PER STATUTE	OT-ER																												
E.L. EACH ACCIDENT	\$																												
E.L. DISEASE - EA EMPLOYEE	\$																												
E.L. DISEASE - POLICY LIMIT	\$																												
<b>B</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></td> </tr> <tr> <td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</td> <td style="text-align: center;">Y / N    <input type="checkbox"/> N / A</td> </tr> <tr> <td colspan="2">If yes, describe under DESCRIPTION OF OPERATIONS below</td> </tr> </table>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/> N / A	If yes, describe under DESCRIPTION OF OPERATIONS below				<b>GRT08894A</b>	<b>10/1/2023</b>	<b>10/1/2024</b>	<b>Deductible \$50,000</b>	<b>250,000</b>															
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>																													
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/> N / A																												
If yes, describe under DESCRIPTION OF OPERATIONS below																													
<b>C</b>	<b>Pollution Liab</b>			<b>G71474951 003</b>	<b>1/1/2023</b>	<b>10/1/2024</b>	<b>Deductible \$25,000</b>	<b>5,000,000</b>																					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**\*EXCESS GENERAL LIABILITY - Underwriters at Lloyd's London / Policy #IRPI-AMLXGL-23-013 - NAIC #15792 / Effective 10/1/2023 to 10/1/2024 / \$1,000,000 per occurrence / \$1,000,000 aggregate**  
**\*Great West Policy #GRT08894A includes Trailer Interchange: \$35,000 limit/ \$5,000 Comp/\$5,000 Coll deductible**

CERTIFICATE HOLDER	CANCELLATION
	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>