

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2024

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).

	s certificate does not confer rights to the	certi	ficate	holder in lieu of s			(s).				
	DUCER				CONT	ACT : Progressive (Commercial Lin	es Customer and Agent Serv	ricing		
Hylant Group Inc. PO BOX 541, ANN ARBOR, MI 48106						PHONE FAX					
						(A/C, No, Ext): 1-800-444-4487 (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com					
					ADDR						
						INSU	RER(S) AFFORD	ING COVERAGE		NAIC #	
INSU	PED.		INSURER A: Progressive Preferred Insurance Company					37834			
					INSURER B:						
CRIBBS TRUCKING LLC 9333 W Hampton Dr						INSURER C:					
N. Royalton, OH 44133						INSURER D:					
					INSUR	ER E :					
					INSUR	ERF:					
CO	/ERAGES CERTIFIC	ATE	NUM	BER: 3310508983001	1325031	D022624T1504	111	REVISION NUMBER:			
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF II DICATED. NOTWITHSTANDING ANY REQUIRE ERTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH POLICI	EMEN AIN, 7	IT, TE ГНЕ II	RM OR CONDITION NSURANCE AFFORD	OF AN	NY CONTRAC ' THE POLICI	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESP	ECT TO W	HICH THIS	
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
	X COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
								MED EXP (Any one person)	\$5.000		
Α			N				02/12/2025	PERSONAL & ADV INJURY	\$1,000,000		
′`	GEN'L AGGREGATE LIMIT APPLIES PER:	N		977419836		02/12/2024		GENERAL AGGREGATE	\$2,000,000		
	X POLICY PRO- DECT LOC							PRODUCTS - COMP/OP AGG			
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	Ť		
	ANY AUTO								\$1,000,000		
Α	OWNED AUTOS ONLY X SCHEDULED AUTOS	N	N	977419836		02/12/2024	02/12/2025	BODILY INJURY (Per person)	\$		
´`	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY	IN		977419630		02/12/2024		BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
	EXCESS LIAB CLAIMS-MADE										
	DED RETENTION \$ WORKERS COMPENSATION WALL							RERTUTE PIH-	\$		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							SFR _{TUTE} PTH- E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBEREXCLUDED?	N/A							<u> </u>		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF OPERATIONS below See ACORD 101 for additional coverage details.							\$	\$		
Α	Gee AGGNE TO FOR additional coverage details.	N	N	977419836		02/12/2024	02/12/2025	Ψ			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR	D 101,	Additional Remarks Sch	edule, n	nay be attached	if more space is	required)			
CEF	CERTIFICATE HOLDER					CANCELLATION					
Registry Monitoring Insurance Services, Inc. 1444 S Entertainment Ave, Ste 110 Boise, ID 83709						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
_ 5.5	, 				AUTHO	ORIZED REPRES		Mark Part			

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED				
Hylant Group Inc.	CRIBBS TRUCKING LLC				
POLICY NUMBER	9333 W Hampton Dr N. Royalton, OH 44133				
977419836	11. Noyullon, Off 44 100				
CARRIER	NAIC CODE				
Progressive Preferred Insurance Company	37834	EFFECTIVE DATE: 02/12/2024			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

 Insurance coverage(s)
 Limits

 Motor Truck Cargo
 \$100,000 w/\$1,000 Ded

 Uninsured/Underinsured Motorist
 \$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2014 FREIGHTLINER M2 1FVACWDT0EHFW3584

Stated Amount \$39,014

Comprehensive \$1,000 Ded Collision \$1,000 Ded

Roadside Assistance Selected w/\$250 Ded
Downtime \$100 Per Day (\$3,000 Max)

Medical Payments \$5,000

2016 FREIGHTLINER M2 3ALACWDT0GDHF7312

Stated Amount \$39,896

Comprehensive \$1,000 Ded Collision \$1,000 Ded

Roadside Assistance Selected w/\$250 Ded

Downtime \$100 Per Day (\$3,000 Max)

Medical Payments \$5,000

Liability coverage may not apply to all scheduled vehicles.