



ACCECOU-01

THANKS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2023

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).

PRODUCER Reliance Partners - Chattanooga 555 Walnut Street Suite 400 Chattanooga, TN 37402	CONTACT NAME: PHONE (A/C, No, Ext): (877) 668-1704 FAX (A/C, No): (866) 553-6202 E-MAIL ADDRESS: certificates@reliancepartners.com														
INSURED Accelerated Courier Inc 515 Airpark Center Dr Nashville, TN 37217	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : The Burlington Insurance Company</td><td>23620</td></tr><tr><td>INSURER B : CANAL INSURANCE CO.</td><td>10464</td></tr><tr><td>INSURER C : RSUI INDEMNITY COMPANY</td><td>22314</td></tr><tr><td>INSURER D : GREAT AMERICAN ALLIANCE COMPANY</td><td>26832</td></tr><tr><td>INSURER E : TRAVELERS PROPERTY CASUALTY CO. OF AMERICA</td><td>25674</td></tr><tr><td>INSURER F : Allied World Surplus Lines Insurance Company</td><td>24319</td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Burlington Insurance Company	23620	INSURER B : CANAL INSURANCE CO.	10464	INSURER C : RSUI INDEMNITY COMPANY	22314	INSURER D : GREAT AMERICAN ALLIANCE COMPANY	26832	INSURER E : TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	25674	INSURER F : Allied World Surplus Lines Insurance Company	24319
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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			344BG02018-03	3/22/2023	3/22/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			I-395412001-5	3/22/2023	3/22/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			RPQN03142023	3/22/2023	3/22/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WCE446315-04	3/22/2023	3/22/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Motor Truck Cargo			QT-630-6P540314-TIL-23	3/22/2023	3/22/2024	Ded \$5,000 250,000
F	Physical Damage			RPQN03142023	3/22/2023	3/22/2024	Comp/Coll Ded 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Trailer Interchange Limit \$35,000 Ded: \$2,500 POLICY # RPQN03142023

EFF: 03/22/2023-03/22/2024** Please Note: If the policy associated with this coverage cancels, this coverage is also cancelled.

CYBER COVERAGE POLICY #RPQN03142023

EFF 03/22/2023-03/22/2024

ICO: TRAVELERS CAS & SURETY CO PPE: TRAVELERS

LIMIT: \$1,000,000 RET. \$5,000

CERTIFICATE HOLDER

CANCELLATION

Accelerated Courier Inc
515 Airpark Center Dr
Nashville, TN

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