

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/08/2024

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorseme	nt. A state	ement	on	
PRODUCER						CONTACT Emily Harvey						
Stephens Insurance, LLC						PHONE (800) 852-5053 (A/C, No, Ext): (501) 377-2470						
PO Box 3507						E-MAIL emily.harvey@stephens.com						
							SURER(S) AFFOR	DING COVERAGE			NAIC#	
Little Rock AR 72203-3507						INSURER A: TT Club Mutual Insurance Limited					AA3191044	
INSURED						INSURER B:						
B2B Transportation Services, Inc						INSURER C:						
PO Box 3670					INSURER D:							
					INSURER E :							
Central Point			OR 97502			INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL241846					NETIOIOT NOMBELIA							
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 POLICY EFF POLICY EXP												
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT		Ψ	00,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		\$ N/A	200	
_				C1075/2024/001		04/45/0004	00/00/0005	MED EXP (Any one person)		\$ 10,000		
Α				C1075/2024/001		01/15/2024	06/30/2025			\$ 1,000,000 \$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:									, v		
	POLICY JECT LOC							PRODUCTS - COM	IP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$ 2,00	00.000	
	ANY AUTO							(Ea accident)		\$		
Α	OWNED SCHEDULED			C1075/2024/001		01/15/2024	06/30/2025	BODILY INJURY (Per accident)		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)		\$		
	AUTOS ONLY Contingent Auto Liab.							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$						•			\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		\$		
	Contingent Cargo Liability	ent Cargo Liability						Limit		l	,000	
Α				C1075/2024/001		01/15/2024	06/30/2025	Deductable		5,00	00	
DES	PRINTION OF OREDATIONS / LOCATIONS / VEHICL	ES /A/	CORD 4	04 Additional Remarks Sahadula	may ba a	ttached if mare on	ann in required)					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER						CANCELLATION						
For Informational Purposes 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.						
						AUTHORIZED REPRESENTATIVE						
						Tala Burney						