



CHITR01

OP ID: RD

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
03/10/2015

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 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 Security First Insurance G-3526 Miller Road P. O. Box 321070 Flint, MI 48532 Ralph M. Clifton	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:												
INSURER(S) AFFORDING COVERAGE													
INSURED Chief's Trucking Company 6580 Inkster Romulus, MI 48174	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER A : Cherokee Insurance Company</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER A : Cherokee Insurance Company	NAIC #	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY			GL140093	08/01/2014	08/01/2015	EACH OCCURRENCE	\$ 1,000,000			
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000			
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>				OCCUR	MED EXP (Any one person)	\$ 5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000			
A	AUTOMOBILE LIABILITY			CA140150	08/01/2014	08/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input checked="" type="checkbox"/>	ANY AUTO	<input type="checkbox"/>				SCHEDULED AUTOS	BODILY INJURY (Per person)	\$		
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>				NON-OWNED AUTOS	BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/>	HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$		
	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR			EACH OCCURRENCE	\$			
	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE			AGGREGATE	\$			
	DED		RETENTION \$					\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC150052	03/13/2015	03/13/2016	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y/N	<input type="checkbox"/>	N/A	E L EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below									E L DISEASE - EA EMPLOYEE	\$ 500,000
										E L DISEASE - POLICY LIMIT	\$ 500,000
A	Cargo			MC140111	08/01/2014	08/01/2015	2,500 Ded	100,000			
A	Trailer Interchang			CA140150	08/01/2014	08/01/2015	1,000 Ded	40,000			

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

CERTIFICATE HOLDER**CANCELLATION**

CUSU001

For Customer Use

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

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