

CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

10/20/2020

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.

PRODUCER Brands Insurance Agency, Inc. P.O. Box 62267 Cincinnati, OH 45262-0267 P (513) 777-7775 F (513) 777-7782 certificates@brandsinsurance.com	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">Sentry Select Insurance Company</td> <td style="text-align: center;">21180</td> </tr> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">Central Mutual Insurance Co</td> <td style="text-align: center;">20230</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE		NAIC #	A	Sentry Select Insurance Company	21180	B	Central Mutual Insurance Co	20230						
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INSURED Benjamin Best Freight, Inc. 6380 Centre Park Dr. West Chester, OH 45069																

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	CLP-9799433	10/24/2020	10/24/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (each occurrence)</td><td style="text-align: right;">\$300,000</td></tr> <tr><td>MED EXP (any one person)</td><td style="text-align: right;">\$5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AG</td><td style="text-align: right;">\$2,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (each occurrence)	\$300,000	MED EXP (any one person)	\$5,000	PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AG	\$2,000,000
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTO <input checked="" type="checkbox"/> ALL OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED AUTO	A0044624001	10/24/2020	10/24/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>BODILY INJURY (per person)</td><td> </td></tr> <tr><td>BODILY INJURY (per accident)</td><td> </td></tr> <tr><td>PROPERTY DAMAGE</td><td> </td></tr> </table>	COMBINED SINGLE LIMIT	\$1,000,000	BODILY INJURY (per person)		BODILY INJURY (per accident)		PROPERTY DAMAGE					
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B	WORKERS COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY/STOP GAP ANY PROPRIETER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	CLP-9799433	10/24/2020	10/24/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">WC STATU-TORY LIMITS</td> <td style="text-align: center;">OTH-ER</td> <td> </td> </tr> <tr><td>EL EACH ACCIDENT</td><td> </td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>EL DISEASE - EACH EMP</td><td> </td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>EL DISEASE - POLICY LIMIT</td><td> </td><td style="text-align: right;">\$1,000,000</td></tr> </table>	WC STATU-TORY LIMITS	OTH-ER		EL EACH ACCIDENT		\$1,000,000	EL DISEASE - EACH EMP		\$1,000,000	EL DISEASE - POLICY LIMIT		\$1,000,000
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A	Cargo	A0044624001	10/24/2020	10/24/2021	Limit: \$250,000 Deductible: \$2,500												
A	Reefer breakdown	A0044624001	10/24/2020	10/24/2021	Deductible: \$2,500												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS FOR VEHICLES ON SCHEDULE WITH INSURING COMPANIES

CERTIFICATE HOLDER

Specific Certificate Issued Upon Request

CANCELLATION

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

