

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
10/10/2022

**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.**

|  |                                    |                                 |               |
|--|------------------------------------|---------------------------------|---------------|
| <b>PRODUCER</b><br>Brands Insurance Agency, Inc.<br>P.O. Box 62267<br>Cincinnati, OH 45262-0267<br>P (513) 777-7775 F (513) 777-7782<br>certificates@brandsinsurance.com | <b>INSURERS AFFORDING COVERAGE</b> |                                 | <b>NAIC #</b> |
|  | A                                  | Sentry Select Insurance Company | 21180         |
|  | B                                  | Central Mutual Insurance Co     | 20230         |
| <b>INSURED</b><br>Benjamin Best Freight, Inc.<br>PO Box 309<br>West Chester, OH 45071  |                                    |                                 |               |

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        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC | CLP9799433-15 | 10/24/2022              | 10/24/2023              | EACH OCCURRENCE                         | \$1,000,000 |
|          | DAMAGE TO RENTED PREMISES   |               |                         |                         | \$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                             |             |
|          |   |               |                         |                         |   |             |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTO<br><input checked="" type="checkbox"/> ALL OWNED <input checked="" type="checkbox"/> NON-OWNED<br><input checked="" type="checkbox"/> HIRED AUTO   | A0044624001   | 10/24/2022              | 10/24/2023              | COMBINED SINGLE LIMIT                   | \$1,000,000 |
|          | BODILY INJURY (per person)  |               |                         |                         |   |             |
|          | BODILY INJURY (per accident)  |               |                         |                         |   |             |
|          | PROPERTY DAMAGE   |               |                         |                         |   |             |
|          |   |               |                         |                         |   |             |
|          | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS AUTO LIAB <input type="checkbox"/> CLAIMS MADE  |               |                         |                         | EACH OCCURRENCE                         |             |
|          |   |               |                         |                         | AGGREGATE                               |             |
|          |   |               |                         |                         |   |             |
| B        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION</b><br><input checked="" type="checkbox"/> <b>EMPLOYERS' LIABILITY/STOP GAP</b><br>ANY PROPRIETER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                 | CLP9799433-15 | 10/24/2022              | 10/24/2023              | WC STATUTORY LIMITS                     | OTH-ER      |
|          | EL EACH ACCIDENT  |               |                         |                         | \$1,000,000                             |             |
|          | EL DISEASE - EACH EMP   |               |                         |                         | \$1,000,000                             |             |
|          | EL DISEASE - POLICY LIMIT   |               |                         |                         | \$1,000,000                             |             |
|          | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |               |                         |                         | AUTO ONLY - EA ACCIDENT                 |             |
|          |   |               |                         |                         | OTHER THAN AUTO ONLY                    |             |
|          |   |               |                         |                         | EACH ACCIDENT                           |             |
|          |   |               |                         |                         | AGGREGATE                               |             |
| A        | Cargo   | A0044624001   | 10/24/2022              | 10/24/2023              | Limit: \$250,000<br>Deductible: \$1,000 |             |
| A        | Reefer breakdown  | A0044624001   | 10/24/2022              | 10/24/2023              | Deductible: \$1,000                     |             |

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

**CERTIFICATE HOLDER**

Specific Certificate Issued Upon Request

BRANDS INSURANCE FORM PCERT (9/11)

**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

