

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/01/2020

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

		BROGATION IS WAIVED, subject ertificate does not confer rights to							require an endorsement	. As	tatement on		
_	DUCE	<u> </u>	O tile	COIL	incate notaer in nea or se	CONTA		·)·					
	Λ	MARSH USA, INC.				NAME: PHONE			FAX				
TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326							PHONE						
	P	ATLANTA, GA 30326				ADDRE		OUDED(O) AFFOR	DING GOVED AGE		NAIG#		
CN1	18251	1823GAWM-20-21				INSURER(S) AFFORDING COVERAGE INSURER A : Arch Insurance Company					11150		
_	JRED	1023GAWWI-20-21					RB: Lloyd's Of				EC145		
	\	V3 Logistix, Inc.							Company of Illinois		27855		
		dba V3 Transportation 4920 Enterprise Parkway				INSURER C : Zurich American Insurance Company of Illinois INSURER D :					27000		
	S	Seville, OH 44273				INSURER E :							
						INSURE							
്റ	VFR	RAGES CER	TIFIC	CATE	NUMBER:		-005182997-01		REVISION NUMBER: 3				
_		IS TO CERTIFY THAT THE POLICIES								HE POI	LICY PERIOD		
		ATED. NOTWITHSTANDING ANY RE											
		IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH								ALL	THE TERMS,		
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	ZAGLB3005103		07/01/2020	07/01/2021	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000		
		GENTINO MAREE COSCIN							MED EXP (Any one person)	\$	10,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000		
		OTHER:								\$			
А	AUT	TOMOBILE LIABILITY			ZACAT3009703		07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	Χ	ANY AUTO							BODILY INJURY (Per person)	\$			
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
		7.0 . 0.0 0.1.2 .							SIR	\$	25,000		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION \$								\$			
С		RKERS COMPENSATION DEMPLOYERS' LIABILITY			WC 0503101-02		12/01/2020	12/01/2021	PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$	1,000,000		
	(Mar	ndatory in NH)	11, 7						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes	s, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
В	Moto	or Truck Cargo			22T 00783		12/01/2020	12/01/2021	Limit		100,000		
					Othr Ded may apply per terms & o	cond			Deductible		5,000		
ı		TION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)				
EVIO	ence c	of Insurance											
CE	RTIF	FICATE HOLDER				CANC	CELLATION						
V3 Logistix, Inc. dba V3 Transportation 4920 Enterprise Parkway Seville, OH 44273							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
							RIZED REPRESE sh USA Inc.						
					· ·	Manashi Mukheriee Manashi Mukheriee							

AGENCY CUSTOMER ID: CN118251823

LOC #: Atlanta



ADDITIONAL REMARKS SCHEDULE

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ADDITIONAL	L KEIVI <i>P</i>	KKNO OCHEDULE	rage _	`	וכ
AGENCY MARSH USA, INC.	NAMED INSURED V3 Logistix, Inc.				
POLICY NUMBER	V3 Logistix, Inc. dba V3 Transportation 4920 Enterprise Parkway Seville, OH 44273				
CARRIER	NAIC CODE				
ADDITIONAL REMARKS		EFFECTIVE DATE:			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,				
FORM NUMBER: 25 FORM TITLE: Certificate of Lie	ability Insura	ince			
** The (Cargo Liability, Policy Number: 22T 00783) placement was made by Marsh (Ca this placement, which is indicated here for your convenience.	nada). Marsh USA	Inc. has only acted in the role of a consultant to the client with respect to			