



# CERTIFICATE OF LIABILITY INSURANCE

SATUFRE-01

JBAKER

DATE (MM/DD/YYYY)  
4/29/2021

**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. 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).**

<b>PRODUCER</b> Avalon Risk Management Insurance Agency LLC C/O Charleston 1439 Stuart Engals Blvd. Mount Pleasant, SC 29464	<b>CONTACT NAME:</b> Joy Baker <b>PHONE (A/C, No, Ext):</b> (843) 242-7830 <b>FAX (A/C, No):</b> (843) 971-1461 <b>E-MAIL ADDRESS:</b> j baker@avalonrisk.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>NAIC #</b>
	INSURER A : <b>New York Marine &amp; General Insurance Co.</b> <b>16608</b>
	INSURER B : <b>Chaucer Insurance Company DAC</b> <b>10799</b>
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

**INSURED**  
  
**Saturn Freight Systems, Inc. , Saturn Logistics, Inc**  
**561 Village Trace #13A**  
**Marietta, GA 30067**

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PK202000021770	8/31/2020	8/31/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PK202000021769	8/31/2020	8/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			UM202000009359	8/31/2020	8/31/2021	EACH OCCURRENCE \$ <b>4,000,000</b> AGGREGATE \$ Agg \$ <b>4,000,000</b>
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			WC202000018355	11/14/2020	11/14/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	<b>Contingent Cargo</b>			10500650CC	5/1/2021	5/1/2022	Per occurrence/agg <b>250,000</b>
B	<b>Contingent Auto</b>			10500650CC	5/1/2021	5/1/2022	Per occurrence/agg <b>2,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Policy Type: Cargo Legal Liability for Bill of Lading Policy # 10500650CC Policy Effective: 5/1/2021 - 5/1/2022 Coverage Limit: \$500,000 per occurrence/aggregate with \$5,000 Deductible Insurer: B  
 Policy Type: Warehouse Legal Liability Policy # 10500650CC Policy Effective: 5/1/2021 - 5/1/2022 Coverage Limit: \$500,000 per occurrence/aggregate with \$5,000 Deductible Insurer: B

**CERTIFICATE HOLDER****CANCELLATION**

Insured Copy - For Information Only  
 Saturn Freight Systems, Inc.  
 Saturn Logistics, Inc.

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