



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2021

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).

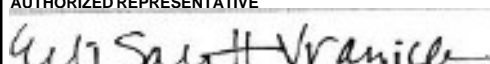
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|---|--|--|
| <b>PRODUCER</b><br>Avalon Risk Management Insurance Agency LLC<br>C/O Charleston<br>1439 Stuart Engals Blvd.<br>Mount Pleasant SC 29464 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 843-971-1458      FAX (A/C, No): 843-971-1461<br>E-MAIL ADDRESS: avalonsc@avalonrisk.com |  |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b><br>Saturn Freight Systems, Inc., Saturn Logistics, Inc.<br>561 Village Trace NE<br>Building 13A<br>Marietta GA 30067     | <b>INSURER A:</b> New York Marine & General Insurance Co.      NAIC # 16608  |  |
|   | <b>INSURER B:</b> Chaucer Insurance Company DAC      10799   |  |
|   | <b>INSURER C:</b>  |  |
|   | <b>INSURER D:</b>  |  |
|   | <b>INSURER E:</b>  |  |
|   | <b>INSURER F:</b>  |  |

**COVERAGES**      **CERTIFICATE NUMBER:** 1459294062      **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><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"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | PK202100021769 | 8/31/2021               | 8/31/2022               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | PK202100021769 | 8/31/2021               | 8/31/2022               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                     |           |          | UM202100009359 | 8/31/2021               | 8/31/2022               | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | WC202000018355 | 11/14/2020              | 11/14/2021              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                      |
| B        | Contingent Auto   |           |          | 10500650CC     | 5/1/2021                | 5/1/2022                | Per Occur/Aggregate 2,000,000  |
| B        | Contingent Cargo  |           |          | 10500650CC     | 5/1/2021                | 5/1/2022                | Per Occur/Aggregate 250,000  |
| B        | Errors & Omissions  |           |          | 10500650CC     | 5/1/2021                | 5/1/2022                | Per Occur/Aggregate 500,000  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Policy Type: Errors & Omissions Policy # 10500650CC Policy Effective: 5/1/2021 - 5/1/2022 Coverage Limit: \$500,000 per occurrence/agg: Insurer: B 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/agg: Insurer: B Policy Type: Warehouse Legal Liability Policy # 10500650CC Policy Effective: 5/1/2021 - 5/1/2022 Coverage Limit: \$500,000 per occurrence/agg: Insurer: B

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|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Master Insured Copy<br>For Information Only<br>USA | <b>CANCELLATION</b><br><br>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<br>   |

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