

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/17/2022

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.											
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).											
PRODUCER CONTACT											
McGriff Insurance Services, Inc.						NAME: PHONE FAX (A/C, No, Ext): (A/C, No):					
1800 SW First Avenue, Suite 400 Portland, OR 97201					E-MAIL						
					ADDRES						
								DING COVERAGE		NAIC #	
					INSURER A :ACE American Insurance Company				22667		
INSURED Panther II Transportation, Inc. dba Panther Premium Logistics					INSURER B :Aspen American Insurance Company				43460		
84 Medina Rd. Medina, OH 44256					INSURER C :						
					INSURER D :						
						INSURER E :					
						INSURER F :					
		NUMBER: JYQNHJK9	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 S INSD	WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMI	s		
A	X COMMERCIAL GENERAL LIABILITY	Ţ		XSL G72954762		11/01/2022	11/01/2023	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	X Excess of SIR							MED EXP (Any one person)	\$	0	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
-	OTHER:								\$		
A				XSA H2557431A		11/01/2022	11/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	X Excess of SIR								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
А	WORKERS COMPENSATION			WLR C68925976		11/01/2022	11/01/2023	X PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			WCU C68926051 (Excess, Sta Limit)	atutory			E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
В	Cargo	-		OC009CH22		11/01/2022	11/01/2023	Limit	\$	100,000	
									\$ \$ \$ \$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	ed)			
CERTIFICATE HOLDER CANCELLATION											
Evidence of Insurance											
					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						

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