DATE	(MM/DD/YYYY)
	00/00/00/0

CERTIFICATE OF LIABILITY INSURANCE Acct#: 2533489

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

ce	JBROGATION IS WAIVED, subject to ertificate does not confer rights to the				endorse	ement(s).				
PRODUCER Marsh USA, Inc. 333 South 7th Street, Suite 1400				CONTACT NAME:						
					PHONE (A/C No.E)	xt): 844-398-0	470	FAX (A/C, No):		
	neapolis, MN 55402-2427						erts@lockton	affinity.com		
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	R A : Indemnity I	nsurance Co. of	North America		43575
INSURED			INSURER B:							
Transport Labor Holding Company, Inc. 6160 Summit Drive North, Suite 500 Brooklyn Center, MN 55430 *SEE BELOW				INSURER C:						
				INSURER D:						
					INSURER E :					
					INSURER F:					
	VERAGES CERTIFY THAT THE POLICIES			NUMBER:	/E BEE	N ISSUED TO	THE INICIIDE	REVISION NUMBER:	E DOLL	OV DEDIOD
INI CE EX	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P (CLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA	MENT AIN, TH CIES. L	, TERM OR CONDITION IE INSURANCE AFFORD	OF ANY ED BY	' CONTRACT THE POLICIE I REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	DOCUMENT WITH RESPECT TO	T TO W	HICH THIS
INSR LTR	TYPE OF INSURANCE	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY					<u> </u>			\$	
	CLAIMS- OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
}									\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	
F	OTHER:								\$ \$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$	
-	ANY AUTO							(Ea accident)	\$	
	OWNED SCHEDULED							` ' '	\$	
-	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONET								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							l l	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N							X PER STATUTE OTH-		
,	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		C65897830		12/31/2018	12/31/2019	E.L. EACH ACCIDENT	\$ 1,00	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,00	0,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
									. ,	,
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (W TRUCK LINES INC (10668) IS INCLUDED AS A NAMED INS				be attache	ed if more space is	s required)			
CER	RTIFICATE HOLDER			2533489	CANC	ELLATION				
BARLOW TRUCK LINES INC 1305 GRAND DD SE FAUCETT, MO 64448					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
I						lized represen	Ratits			