



# CERTIFICATE OF LIABILITY INSURANCE

OP ID DD

DATE (MM/DD/YYYY)

08/04/10

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 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>  Cherry Logistics Corporation 301 Airport Road N. Aurora IL 60542 Phone: 630-806-2170 Fax: 630-859-1879	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>CHERR-1</b>		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  SUBCONTRACTOR ANYWHERE, IL 12345 123 MAIN ST ANYWHERE IL 12345	<b>INSURER A :</b>		
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b>			<b>POLICY NUMBER</b>	<b>08/04/10</b>	<b>08/04/11</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>100,000</b>
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ <b>5,000</b>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				PERSONAL & ADV INJURY	\$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ <b>2,000,000</b>
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>
								\$
	<b>AUTOMOBILE LIABILITY</b>			<b>POLICY NUMBER</b>	<b>08/04/10</b>	<b>08/04/11</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS		<input checked="" type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/>	HIRED AUTOS			<b>POLICY NUMBER</b>	<b>08/04/10</b>	<b>08/04/11</b>		\$
<input checked="" type="checkbox"/>	NON-OWNED AUTOS			<b>POLICY NUMBER</b>	<b>08/04/10</b>	<b>08/04/11</b>		\$
								\$
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b>			<b>POLICY NUMBER</b>	<b>08/04/10</b>	<b>08/04/11</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
	EXCESS LIAB						AGGREGATE	\$ <b>1,000,000</b>
	DEDUCTIBLE							\$
<input checked="" type="checkbox"/>	RETENTION \$ <b>10,000</b>							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>POLICY NUMBER</b>	<b>08/04/10</b>	<b>08/04/11</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	N/A	<input checked="" type="checkbox"/>			E.L. EACH ACCIDENT	\$ <b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE	\$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT	\$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: (please list job duties and sites from contract)  
 The entities listed in the notes below are additionally insured with respects to Auto Liability and General Liability (per forms CG 2010 10 01 and CG 2037 10 01 or equivalent) as their interests may appear. A Waiver of Subrogation in favor of listed entities also applies with respects to

**CERTIFICATE HOLDER****CANCELLATION**

Cherry Logistics Corporation Insurance Compliance Dept. 301 Airport Road North Aurora IL 60542	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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# NOTEPAD:

INSURED'S NAME SUBCONTRACTOR

CHERR-1  
OPID DD

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General Liability and Workers' Compensation.

The Umbrella policy must follow form with respects to Additional Insured status and Waivers of Subrogation.

Entities per written contract:

Cherry Logistics Corporation, its affiliates and wholly owned subsidiaries

301 Airport Road  
North Aurora, IL 60542

(Owner/Customer per contract)

All required forms must be endorsed to the policy(ies) and copies forwarded to Cherry Logistics per mailing address above.