$ACORD_{^{++}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/02/2014

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.

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Regions Insurance Inc - Kokomo PHONE (A/C, No, Ext): 800 842-7002 FAX (A/C, No): 855-452-1300 2701 Albright Rd. E-MAIL ADDRESS: allison.thomas@regions.com Kokomo, IN 46902 INSURER(S) AFFORDING COVERAGE NAIC #	()							
2701 Albright Rd. Kokomo, IN 46902 (A/C, No, Ext): 000 042-7002 (A/C, No): 000-402-7000								
Kokomo, IN 46902 INSURER(S) AFFORDING COVERAGE NAIC #		PHONE (A/C, No. Ext): 800 842-7002 FAX (A/C, No): 855-452						
/ INSURER(S) AFFORDING COVERAGE NAIC #	_	E-MAIL ADDRESS: allison.thomas@regions.com						
	,	INSURER(S) AFFORDING COVERAGE	NAIC#					
800 842-7002 INSURER A : Lloyd's of London FRTD	800 842-7002	INSURER A: Lloyd's of London	FRTD					
INSURED INSURER B : General Casualty Co. of WI 24414	INSURED	INSURER B : General Casualty Co. of WI	24414					
Hoosier Tradewinds, Inc. INSURER C : Riverport Insurance Co 36684	Hoosier Tradewinds, Inc.	INSURER C: Riverport Insurance Co	36684					
INSURER D:	1010 = 00011 01	INSURER D:						
1318 E. 236th Street INSURER E:		INSURER E:						
Arcadia, IN 46030 INSURER F:	Arcadia, IN 46030	INSURER F:						

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				
В	GENERAL LIABILITY			CCI1126669	03/25/2014	03/25/2015	EACH OCCURRENCE	\$1,000,000			
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000			
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000			
							PERSONAL & ADV INJURY	\$1,000,000			
							GENERAL AGGREGATE	\$2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000			
	POLICY PRO- JECT LOC							\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO						BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$			
								\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$			
	DED RETENTION \$							\$			
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC138800759700	01/16/2014	1/13/2015	X WC STATU- OTH- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE TYN OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000			
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000			
Α	Cargo			NA13T209-077	06/01/2014	06/01/2015	\$100,000				
							Cargo Ded \$2,500				
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										

CERTIFICATE HOLDER	CANCELLATION
INSURED COPY	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
	langtherin

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/30/2014

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CE	rtifi	icate h	nolder in	lieu	of such endors	seme	nt(s)								
	PRODUCER								CONTACT Allison Thomas						
-	-			Inc	- Kokomo				PHONE (A/C, No, Ext): 800 842-7002 FAX (A/C, No): 855-452-1300						52-1300
		_	ht Rd.						E-MAIL ADDRESS: allison.thomas@regions.com						
			46902									FORDING COVERAG	E		NAIC#
800	800 842-7002								INSURE	_{ER A :} Cherok	ee Insuran	ce Co.			10642
INSU	INSURED							INSURE	RB:						
		н	oosier i	rad	lewinds, Inc.				INSURE	RC:					
			040 E 0	0041	- 04				INSURE	RD:					
			318 E. 2						INSURE	RE:					
		A	rcadia, I	IIN 2	1 6030				INSURE	RF:					
CO	/ER	AGES	}		CER	TIFIC	ATE	NUMBER:				REVISION NUMI	BER:		
								RANCE LISTED BELOW HA							
								T, TERM OR CONDITION O THE INSURANCE AFFORDEI							
E						POL	ICIES	. LIMITS SHOWN MAY HAV		N REDUCED I	BY PAID CLAI				,
INSR LTR			TYPE OF I	INSUF	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	GEI	NERAL I	LIABILITY									EACH OCCURRENC		\$	
		соми	IERCIAL GE	NER/	AL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occu	D rrence)	\$	
		c	CLAIMS-MAE	DE L	OCCUR							MED EXP (Any one p	erson)	\$	
												PERSONAL & ADV II	NJURY	\$	
		<u> </u>										GENERAL AGGREG	ATE	\$	
	GEN	N'L AGG	REGATE LI	MIT A	PPLIES PER:							PRODUCTS - COMP	OP AGG	\$	
		POLIC	Y PF	RO- CT	LOC									\$	
Α	AUT	томові	ILE LIABILIT	ΤΥ				CA140108		06/01/2014	06/01/2015	COMBINED SINGLE (Ea accident)	LIMIT	_{\$} 1,00	0,000
		ANY A										BODILY INJURY (Pe		\$	
		ALL O		X	SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
	Х	HIRED	AUTOS	X	NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	E	\$	
	Х	Polluti	on		\$100,000									\$	
		UMBR	ELLA LIAB	L	OCCUR							EACH OCCURRENC	E	\$	
		EXCES	SS LIAB		CLAIMS-MADE							AGGREGATE		\$	
		DED		ENTIC										\$	
			COMPENSA DYERS' LIA		v							WC STATU- TORY LIMITS	OTH- ER		
	ANY	PROPE	RIETOR/PAF	RTNER	R/EXECUTIVE Y/N ED?	N/A						E.L. EACH ACCIDEN	IT	\$	
	(Ma	ndatory										E.L. DISEASE - EA E	MPLOYEE	\$	
			ON OF OPE	RATIO	ONS below							E.L. DISEASE - POL	CY LIMIT	\$	
DESC	CRIP	TION OF	OPERATIO	NS /	LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks	Schedul	le, if more space	is required)				
CEF	TIF	ICATE	HOLDE	R					CANC	ELLATION					
									enc		HE ABOVE DE	SCRIBED POLICI	ES RE CA	NCELL	ED REFORE
			INSURE	ED C	OPY							REOF. NOTICE			

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Regions Insurance Inc - Kokomo PHONE (A/C, No, Ext): 800 842-7002 FAX (A/C, No): 855-452-1300	· · · · · · · · · · · · · · · · · · ·							
2701 Albright Rd. Kokomo, IN 46902 800 842-7002 INSURER A : Lloyd's of London FRTD INSURER B : General Casualty INSURER C : Riverport Insurance Co. 1318 E. 236th Street INSURER B : INSURER B	PRODUCER							
E-MAIL		PHONE (A/C, No, Ext): 800 842-7002 FAX (A/C, No): 855-4	52-1300					
100 842-7002 100 1	_	E-MAIL ADDRESS: allison.thomas@regions.com						
INSURER A : Livyd's of London			NAIC#					
Tradewinds Logistics, Inc. INSURER C: Riverport Insurance Co. 36684 INSURER D: INSURER D: INSURER E:	800 842-7002	INSURER A: Lloyd's of London	FRTD					
1318 E. 236th Street INSURER D: INSURER E: INSURER E:	INSURED	INSURER B: General Casualty	24414					
1318 E. 236th Street	Tradewinds Logistics, Inc.	INSURER C: Riverport Insurance Co.	36684					
INSURER E :	4040 5 00001 00 4	INSURER D:						
		INSURER E:						
INSURER F:	Arcadia, IN 46030	INSURER F:						

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
В	GENERAL LIABILITY		CCI1126669	03/25/2014	03/25/2015	EACH OCCURRENCE	\$1,000,000			
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000			
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000			
						PERSONAL & ADV INJURY	\$1,000,000			
						GENERAL AGGREGATE	\$2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000			
	POLICY PRO- JECT LOC						\$			
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO					BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
							\$			
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$			
	DED RETENTION \$						\$			
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC138800759700	01/16/2014	01/13/2015	X WC STATU- OTH- TORY LIMITS ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000			
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000			
Α	Cargo		NA13209-077	06/01/2014	06/01/2015	\$100,000				
						Cargo Ded \$2,500				
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

CERTIFICATE HOLDER	CANCELLATION							
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	AUTHORIZED REPRESENTATIVE							
	Landburn.							

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	ertificate holder in lieu of such endors		_	- ·							
	DUCER				CONTACT Allison Thomas						
•	gions Insurance Inc - Kokomo				PHONE (A/C, No, Ext): 800 842-7002 FAX (A/C, No): 855-452-1300						
	1 Albright Rd.				E-MAIL ADDRESS: allison.thomas@regions.com						
	komo, IN 46902				INSURER(S) AFFORDING COVERAGE					NAIC#	
800	842-7002				INSURE	RA: Cherok	ee Insuran	ce Co.		10642	
INSU	RED Tradewinds Logistics, Inc.		INSURE	RB:							
	riddewinds Logistics, inc.		INSURE	RC:							
	1318 E. 236th Street				INSURER D :						
	Arcadia, IN 46030				INSURER E :						
	,	TIFIC		MUMBER	INSURE	RF:		DEVICION NUMBER			
	/ERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	/C DCC	NIGGLIED TO		REVISION NUMBER:	DOL IC	V DEDIOD	
IN CI	DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P	QUIRI ERT <i>A</i>	EMEN AIN, 1	IT, TERM OR CONDITION O THE INSURANCE AFFORDEI	F ANY D BY T	CONTRACT OF	R OTHER DOO DESCRIBED I	CUMENT WITH RESPECT TO A	TO WH	ICH THIS	
	(CLUSIONS AND CONDITIONS OF SUCH				/E BEE						
INSR LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	COMMERCIAL GENERAL LIABILITY								\$		
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY GENERAL AGGREGATE	φ \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	POLICY PRO- LOC							TROBUTE COMMITTEL TROC	\$		
Α	AUTOMOBILE LIABILITY			CA140108		06/01/2014	06/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0.000	
	ANY AUTO							BODILY INJURY (Per person)	\$,	
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	X Pollution \$100,000								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							lug arter la lami	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES	l Attach	ACORD 101. Additional Remarks	Schedul	e, if more space i	s required)				
		(,		,	3	,					
CEI	RTIFICATE HOLDER			·	CANC	ELLATION					
	INSURED COPY				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	RIZED REPRESE	NTATIVE			<u> </u>	

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