

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/4/2019

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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PRODUCER	CONTACT NAME:					
	PHONE (A/C, No, Ext): 844 4486843 (A/C, No):					
Northeast Agencies, Inc	E-MAIL ADDRESS:					
8209 IBM Dr, Building 102, Charlotte, NC 28262	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Main Street America	29939				
INSURED	INSURER B: Main Street America	29939				
NELSON FF&E INSTALLATION LLC	INSURER C: Main Street America	29939				
1721 W 14th Street , Muncie, IN, 47302	INSURER D:					
	INSURER E:					
	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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	~	COMMERCIAL GENERAL LIABILITY			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5	500,000
									10,000
Α					MPU6931Z	6/4/2019	6/4/2020		1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							2,000,000
	~	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2	2,000,000
		OTHER:						\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1	1,000,000
		ANY AUTO						BODILY INJURY (Per person) \$	
		ALL OWNED SCHEDULED AUTOS			MPU6931Z	6/4/2019	6/4/2020	BODILY INJURY (Per accident) \$	
Α	~	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$		
								\$	
	~	UMBRELLA LIAB COCCUR						EACH OCCURRENCE \$	
С		EXCESS LIAB CLAIMS-MADE			CUU6931Z	6/4/2019	6/4/2020	AGGREGATE \$	
		DED RETENTION \$						\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						✓ PER OTH- STATUTE ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		WCU6931Z	6/4/2019	6/4/2020	E.L. EACH ACCIDENT \$ 5	500,000
	(Mandatory in NH)			W0000012	0/4/2013	0/4/2020	E.L. DISEASE - EA EMPLOYEE \$ 5	500,000	
		i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 5	500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

binder/proof of insurance

CERTIFICATE HOLDER	CANCELLATION
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VTS Transportation, INC. DBA Champage Logistics

9025 S. Kyrene Road

Suite 107

Tempe, AZ 85284

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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