

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/25/2025

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 and resement(s).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER					CONTACT Christa Bastow					
Great Lakes Insurance Services Group LLC					PHONE (814)456-0498 FAX (A/C, No): 8144544898					
112	8 State St	E-MAIL ADDRESS: Christa@greatlakesIns.com								
_						INSURER(S) AFFORDING COVERAGE INSURER A: Erie Insurance Company			NAIC#	
Erie			_	PA 16501				·		26263
INSURED					MOOKELE B.					26271
Eaborn Truck Service Inc					INSURER c : Erie Insurance Exchange 26271					
1300 Crafton Blvd					INSURER D:					
				INSURER E:				<del></del>		
			PA 15205	INSURER F:						
				NUMBER:	REVISION NUMBER:					ICV DEDICE
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.										
NSR LTR	TYPE OF INSURANCE	ADDL S	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200 \$ 200	0000
						06/01/2025	06/01/2026	MED EXP (Any one person)	\$ 500	
Α				Q610190049				PERSONAL & ADV INJURY	\$ 200	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2000000	
	POLICY PRO-		ļ					PRODUCTS - COMP/OP AGG	\$	
	OTHER:			<u>.</u> ,				COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 100	UUUU
_	ANY AUTO OWNED SCHEDULED			000044555		00/01/55	00/04/04-7	BODILY INJURY (Per person)	\$	
В	AUTOS ONLY AUTOS			Q060140743		06/01/2025	06/01/2026	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$	
		1.							\$	0000
_	UMBRELLA LIAB OCCUR					00/04/0005	00/04/0000	EACH OCCURRENCE	\$ 100	UUUU
С	EXCESS LIAB CLAIMS-MADE			Q300172999		06/01/2025	06/01/2026	AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION						<u> </u>	PER OTH-	\$	
	AND EMPLOYERS' LIABILITY									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH)  If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below	-					<del>                                     </del>	\$1,000 Deductible		0,000 Limit
Α	Motor Truck Cargo			Q610190049		06/01/2025	06/01/2026	1 1 -	!	Risk Form
	ADIOTION OF ADECAMA A CALEGO	Fe 1-		and Relational Desired: C	ule	o stischad is	ra spara la		<u> </u>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CE	RTIFICATE HOLDER			CELLATION	·					
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	, Mande For F	-			AUTHO	PRIZED REPRESI	active			
Ļ	ı North Jackson			OH 44451						

Fax:

Email:

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