## **CERTIFICATE OF INSURANCE**

INSL	IRED

Phone

904-368-0777

ISSUE DATE: 10-23-2014 PRODUCER: Bill Hamrick

**ISSUED BY:** Lynn Jacques

Jim Lawrence Transportation, Inc. 20086 US Hwy 301 N Starke FL 32091

Fed ID #

	Lynn oadqadd	
THIS CERTIFICA	TE IS ISSUED A	AS A MATTER OF
NFORMATION	ONLY AND	CONFERS NO
RIGHTS UPON	THE CERTIFI	CATE HOLDER.
THIS CERTIFIC	CATE DOES	NOT AMEND,
EXTEND OR	ALTER TH	E COVERAGE
AFFORDED BY T	THE POLICIES B	BELOW.

## COVERAGES -

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 CONTACT 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

MC #

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES				LIMITS	
AUTOMOBILE LIABILITY	ILLINOIS NATIONAL INSURANCE CO			COMBINED SINGLE LIMIT	\$1,000,000	
All Owned Autos	POLICY NUMBER:	TP 9881446 0	2		BODILY INJURY (Per Person)	
Hired Autos Non-owned Autos	POLICY PERIOD FROM:	6-1-2014	TO:	6-1-2015	BODILY INJURY (Per Accident)	
Garage Liability					PROPERTY DAMAGE	
Other \$10,000 PIP Limit	AIG					
GENERAL LIABILITY		PENN AMER			GENERAL AGGREGATE	\$2,000,000
Commercial General Liability					PRODUCTS-COMP/OP AGG.	\$1,000,000
Claims Made 🛛 Occur	POLICY NUMBER:	PAC69901	30-2		PERSONAL & ADV. INJURY	\$1,000,000
	POLICY PERIOD FROM:	10-28-2014	TO:	10-28-2015	EACH OCCURRENCE	\$1,000,000
Owner's & Contractors Prot.		10 20 2014	10.	10 20 2010	FIRE DAMAGE (Any one fire)	\$50,000
	SIU				MED. EXPENSE (Any one person)	\$5,000
	AGCS MARINE INS CO				PER VEHICLE	\$100,000
MOTOR TRUCK CARGO					PER DISASTER	\$200,000
	POLICY NUMBER:	MXI93050462			DEDUCTIBLE	\$5,000
	POLICY PERIOD FROM:	6-1-2014	TO:	6-1-2015	REEFER LIMIT	
GTU	0-1-2014	10.	0-1-2013	REEFER DEDUCTIBLE		
	ZURICH INSURANCE CO.			STATUTORY LIMITS		
WORKERS COMPENSATION	POLICY NUMBER:	WC 9245253	-2		EACH ACCIDENT	\$1,000,000
AND EMPLOYER'S LIABILITY	POLICY PERIOD	110 3243233	-		DISEASE-POLICY LIMIT	\$1,000,000
	TRN FROM:	6-1-2014	TO:	6-1-2015	DISEASE-EACH EMPLOYEE	\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number: 904-368-9198

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE Volian 7 Hand

SAMPLE CERTIFICATE