

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

10/30/2018

<b>PRODUCER</b>  Integro Insurance Brokers Two Financial Center, 60 South St., Suite 800 Boston, MA 02111 Contact: Adam Green, Phone: 617-531-6270, Fax: 617-531-6271	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.								
<b>COMPANIES AFFORDING COVERAGE</b>									
<b>INSURED</b>  Rankin Quality Logistics 104 Railroad Ave. Pelahatchie, MS 39145	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">COMPANY A</td> <td>Wesco Insurance Company</td> </tr> <tr> <td>COMPANY B</td> <td>Security National Insurance Company</td> </tr> <tr> <td>COMPANY C</td> <td>Beazley Marine Insurance – Syndicate 2623/623</td> </tr> <tr> <td>COMPANY D</td> <td></td> </tr> </table>	COMPANY A	Wesco Insurance Company	COMPANY B	Security National Insurance Company	COMPANY C	Beazley Marine Insurance – Syndicate 2623/623	COMPANY D	
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COMPANY B	Security National Insurance Company								
COMPANY C	Beazley Marine Insurance – Syndicate 2623/623								
COMPANY D									

**COVERAGES**  
 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE -0b(MM/DD/YY)	POLICY EXPIRATION DATE -0b(MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	WPP1653024	10/30/2018	10/30/2019	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG. \$ 2,000,000
					PERSONAL & ADV. INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES \$ 100,000
					MED. EXPENSE (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY – EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	WUM1641476	10/30/2018	10/30/2019	EACH OCCURRENCE \$ 3,000,000
					AGGREGATE \$ 3,000,000
B	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>  THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	SWC1216715	10/30/2018	10/30/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH ER \$
					EACH ACCIDENT \$ 1,000,000
					DISEASE-POLICY LIMIT \$ 1,000,000
					DISEASE-EACH EMPLOYEE \$ 1,000,000
C	<b>OTHER</b> ERRORS & OMISSIONS <hr/> CONTINGENT CARGO <hr/> CONTINGENT AUTO LIABILITY	W5000718PNVE	10/30/2018	10/30/2019	Limit: \$100,000 Aggregate
					Limit: \$250,000 Occurrence
					Limit: \$1,000,000 Aggregate

**DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

<b>CERTIFICATE HOLDER</b>  Rankin Quality Logistics 104 Railroad Ave. Pelahatchie, MS 39145	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	<b>AUTHORIZED REPRESENTATIVE</b> 