	40	OR	D		-	lient#				II IT [.]	Y INSI	ALAN	Г	•	M/DD/YYYY)
T C B R IM th	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 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). PRODUCER Regions Insurance Inc - Troy D.O. Dev 1470										CONTACT NAME: Denise Culpepper PHONE (A/C, No, Ext): 334 808-9441 FAX (A/C, No): 601-326-4742					
P.O. Box 1173 Troy, AL 36081 334 808-9441										E-MAIL ADDRESS: jeannie.hattaway@regions.com INSURER(S) AFFORDING COVERAGE					NAIC #
INSURED Sheridan Logistics, Inc.										INSURER A : Penn-Star Insurance Company INSURER B : New York Marine & General Ins. INSURER C : Darwin National Assurance Co					16608 16624
					ek Roa AL 35444	-									10024
COVERAGES CERTIFICATE NU										INSURER F : REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE						LICIES Y REC MAY PE	OF I UIRE ERTA	NSUF MEN IN, T	RANCE LISTED BELOW HA' T, TERM OR CONDITION O THE INSURANCE AFFORDEI	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS					ICH THIS
INSR LTR		Т	YPE OF I	INSUR	ANCE	í	ADDL NSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- PRO- LOC										DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,00		
В	X	ANY AUT ALL OWN AUTOS HIRED A Owned C UMBREL EXCESS	UTOS	X	SCHEDULE AUTOS NON-OWNE AUTOS	D			PK2014MCA00105		04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE	\$ 1,00	0,000
С	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Cargo					N / A		03074376		04/01/2014	04/01/2015	WC STATU- TORY LIMITS OTH ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT \$250,000 Limit \$5,000 Deductible	\$ E \$		
DES	CRIPT	TION OF O	PERATIC	DNS / L	OCATIONS	/ VEHICI	LES (A	ttach	ACORD 101, Additional Remarks	Schedule	, if more space	is required)			
CERTIFICATE HOLDER Proof of Coverage Sheridan Logistics, Inc. 1420 Bear Creek Road									CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

Proof of Coverage	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELI
Sheridan Logistics, Inc.	ACCORDANCE WITH THE POLICY PROVISIONS.
1420 Bear Creek Road	
Tuscaloosa, AL 35444	AUTHORIZED REPRESENTATIVE