

CERTIFICATE OF INSURANCE

ISSUE DATE(MM/DD/YYYY)

05/18/2017

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.

PRODUCER
OWNER-OPERATOR SERVICES, INC.
PO BOX 1000

GRAIN VALLEY MO 64029-1000
(816)229-5791 (816)229-5791
CODE SUB-CODE

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** OOIDA RISK RETENTION GROUP INC
NAIC # 10353

COMPANY LETTER **B**

INSURED
SMAIL CATIC

645 N BRIAR HILL LN APT 6

ADDISON IL 60101-2250

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.

TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (M M / D D / Y Y)	POLICY EXP. DATE(MM/DD/YY)	POLICY LIMITS	
<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.					GENERAL AGGREGATE	\$
					PRODUCTS-COMPS/OPS AGGREGATE	\$
					PERSONAL & ADVERTISING INJURY	\$
					EACH OCCURENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MEDICAL EXPENSE (Any one person)	\$
<input type="checkbox"/> AUTOMOBILE LIABILITY <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 <input type="checkbox"/> GARAGE LIABILITY					COMBINED SINGLE LIMIT	\$
					BODILY INJURY (per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
OTHER UNLADEN LIABILITY SPECIFIED AUTO		UL199710594	05/19/2017	05/19/2018	LIMIT \$ 1,000,000	DEDUCTIBLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS:

13 VOLVO 4V4NC9EG1DN136853 EFF 05/19/2017 UL

COVERAGE AFFORDED BY THIS UNLADEN POLICY SHALL APPLY ONLY TO THE NAMED INSURED WHILE UNDER A MOTOR CARRIER LONG TERM LEASE.

CERTIFICATE HOLDER

NATIONAL EXPRESS TRANSPORT INC>
5 N HARVARD AVE
LLA PARK IL 60181

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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.

AUTHORIZED REPRESENTATIVE

Deborah Winkler

EVIDENCE OF PROPERTY INSURANCE

DATE: 05/18/2017

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

Producer: OWNER-OPERATOR SERVICES, INC.

PO BOX 1000

GRAIN VALLEY

(816) 229-5791

MO 64029-1000

Insured:

SMAIL CATIC

645 N BRIAR HILL LN APT 6

ADDISON

IL 60101-2250

Company: CERTAIN UNDERWRITERS AT LLOYD'S

LONDON (SYN#4444 CNP) NAIC # 15792

Policy Number: B0595NAHG04001017CUL49247

Loan Number:

Effective Date: 05/19/2017 Expiration Date: 05/19/2018

Continuous until terminated (if checked) _____

PROPERTY INFORMATION

(location/description)

2013 VOLVO

CONVENTIONAL 4V4NC9EG1DN136853

COVERAGE INFORMATION

Coverage/Perils/Forms	Amount of Insurance	Deductible
Vehicle Physical Damage 4V4NC9EG1DN136853	Actual Cash Value	1,000
Fire, Theft, C.A.C.		
Collision or Upset		

REMARKS (Including Special Conditions)

CANCELLATION

The policy is subject to the premiums, forms, and rules in effect for each policy period. Should the policy be terminated, the company will give the additional interest identified below 10 days written notice, and will send notification of any changes to the policy that would affect that interest, in accordance with the policy provisions or as required by law.

ADDITIONAL INTEREST

Nature of Interest (when checked)

____ Mortgagee ____ Additional Insured

XX Loss Payee ____ (Other) _____

SIMMONS BANK

PO BOX 7009

PINE BLUFF

AR 71611

Signature of authorized agent of company

