

GPATTERSON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/3/2024

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

PRO	his certificate does not confe	er rights to	o the	cert	ificate holder in lieu of su	ıch end	orsement(s)		<u> </u>			
Roanoke Insurance Group NY 330 Madison Ave, 20th Floor New York, NY 10017							PHONE (A/C, No, Ext): (562) 628-9335 FAX (A/C, No): (779) 227-6234					
							E-MAIL address: gina.patterson@roanokegroup.com					
	7 Tong 111 10011					ADDRE			RDING COVERAGE		NAIC #	
						INCLIDE		` '	AA-1122000		15792	
INSURED							INSURER B:					
	Multi-Mode Logisti	00 110				INSURER C :						
	PO Box 1024	CS, LLC				INSURER D :						
East Windsor, CT 06088							INSURER E :					
						INSURER F:						
COVERAGES CER				`ΔTF	NUMBER:	REVISION NUMBER:						
T IN C E	HIS IS TO CERTIFY THAT TH NDICATED. NOTWITHSTANDIN ERTIFICATE MAY BE ISSUED XCLUSIONS AND CONDITIONS	IE POLICIE NG ANY R OR MAY	S OF EQUI PER POLIC	F INS REMI TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY I	TO THE INSUF CT OR OTHEF ES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR DOCUMENT WITH RESED HEREIN IS SUBJECT	R THE P	O WHICH THIS	
INSR LTR			ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
	COMMERCIAL GENERAL LIAE	BILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE O	CCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	' \$		
	GEN'L AGGREGATE LIMIT APPLIES	PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AG	GG \$		
	OTHER:									\$		
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per perso	n) \$		
	OWNED SCHE AUTO	DULED S							BODILY INJURY (Per accid	ent) \$		
	HIRED NON-C AUTO	OWNED S ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	UMBRELLA LIAB 00	CCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CL	AIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTI STATUTE ER	1-		
	ANY PROPRIETOR/PARTNER/EXECU OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	ITIVE Y/N	N/A						E.L. EACH ACCIDENT	\$		
									E.L. DISEASE - EA EMPLO	YEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS bel	ow							E.L. DISEASE - POLICY LIN			
Α	Cargo Legal Liab.				01RIOM0000395-01		6/1/2024	6/1/2025	Per Claim/Occurrer	ce	100,000	
Α	Warehouse Legal Liab				01RIOM0000395-01		6/1/2024	6/1/2025	Per Claim/Occ/Loc		1,000,000	
War 3 Cł Limi Ded 495	CRIPTION OF OPERATIONS / LOCATI rehouse Storage per schedule noice Road, Windsor Locks, C it: \$2,000,000 luctible: \$2,500 North Street, Windsor Locks, EATTACHED ACORD 101	d location T 06096	LES (A	CORE	 D 101, Additional Remarks Schedu S:	lle, may b	e attached if mor	e space is requir	red)			
CE	RTIFICATE HOLDER					CANO	ELLATION					
	Multi-Mode Logisti	cs, LLC				SHO THE	ULD ANY OF 1	N DATE TH	ESCRIBED POLICIES B IEREOF, NOTICE WIL CY PROVISIONS.			

ACORD 25 (2016/03)

East Windsor, CT 06088

PO Box 1024

AUTHORIZED REPRESENTATIVE

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	License # PC-663524					
Roanoke Insurance Group NY		Multi-Mode Logistics, LLC PO Box 1024				
POLICY NUMBER		East Windsor, CT 06088				
SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Limit: \$1,000,000 Deductible: \$2,500

225 Prospect Street, East Hartford, CT 06108

Limit: \$1,000,000 Deductible: \$2,500

295 Ella Grasso Turnpike, Windsor Locks, CT 06096

Limit: \$1,000,000 Deductible: \$2,500

499-501 North Street, Windsor Locks, CT 06096

Limit: \$1,000,000 Deductible: \$2,500