



Policy Number:

Date Entered: 05/09/2014

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2014

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	Commercial Insurance Solutions, Inc. PO Box 1263 Bath, OH 44210-1263	CONTACT NAME: Shelly Benisch	FAX (A/C, No): (330)864-7654
		PHONE (A/C, No, Ext): (330)864-1511	E-MAIL ADDRESS: Christina@myCISagent.com
		INSURER(S) AFFORDING COVERAGE	
INSURED	Tenpoint Expediting Services Inc 3030 Sanders Rd Lansing, MI 48917	INSURER A: American Alternative Insurance Co.	
		INSURER B: Princeton Excess & Surplus Lines Co.	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC #	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			3FA3CP0000382-00	5/10/2014	5/10/2015	EACH OCCURRENCE	\$ 1 Million
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1 Million
							MED EXP (Any one person)	\$ \$10,000
							PERSONAL & ADV INJURY	\$ \$1 Million
							GENERAL AGGREGATE	\$ \$2 Millin
							PRODUCTS - COMP/OP AGG	\$ \$2 Million
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			3FA2CA0000344-00 3FA3CA0000573-00	5/10/2014	5/10/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1 Million
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> Primary Liability							
B	<input checked="" type="checkbox"/> UMBRELLA LIAB OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 10,000			3GA3UB0000219-00	5/10/2014	5/10/2015	EACH OCCURRENCE	\$ 1 Million
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS	OTHE-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Gross Receipts Cargo			3FA3CP0000382-00	5/10/2014	5/10/2015	\$1,000 Deduct	\$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

MC# 780375 USDOT# 2284640

The Coverage noted is for the Named Insured and the Owner-Operators, Sub-Contractors & Agents of the Named Insured when performing work on behalf of the Named Insured.

Umbrella coverage applies to both Commercial Auto Liability and General Liability

CERTIFICATE HOLDER**CANCELLATION**

<p>***** PROOF OF COVERAGE ***** ***** ***** *****</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	AUTHORIZED REPRESENTATIVE
	<i>Lisa Nemastil</i>

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ACORD 25 (2010/05)

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