



FFA INC

Biling Address:

506 Bristol Lane, Elk Grove Village, IL 60007

Telephone: 888-473-8101

A/P: Dispatch@FFA247.com

Fax: 312-858-8881

Federal ID# 84-2061410

MC#: 1133018

DOT#: 3466120

SCAC - FFNK

D-U-N-S # 084585043

NAICS# 484121



New Customer Information

Company

Bill To (If Different)

Company Name: _____	Company Name: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Contact Person: _____	Contact Person: _____
Phone #: Fax #: _____	Phone #: Fax #: _____
Email : _____	Email : _____
Federal ID: _____ D & B Number: _____	Year Business Started: _____
Company Website: _____	Estimated Loads per Week: _____
Maximum Load Value (circle one):	<div>\$0 - \$50K</div> <div>\$51K - \$100K</div> <div>\$101k - \$150K</div> <div>\$151 - \$200K</div> <div>\$201K - \$250K</div> <div>Over \$250K</div>

Accounts Payable Information

A/P Contact #: _____ A/P Phone #: _____

A/P Email: _____ A/P fax #: _____

Bank information

Bank Name: _____ Checking Account #: _____

Contact Person: _____ Phone Number: _____

Trade References

Company Name	Address	Phone Number	Fax Number	Contact Person
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Please complete and sign all three pages of the credit application and return to: 1-312-858-8881

FFA Inc. Credit Department, FAX: 1-312-858-8881 or EMAIL: Accounting@FFA247.com

Terms and Conditions

The undersigned ("Purchaser") agrees that all purchases made by Purchaser from FFA Inc. or any of its subsidiaries and affiliated entities ("FFA Inc.") are subject to the following terms and conditions.

1. All information on this application's true and correct. FFA Inc. is authorized to make such credit investigations as it sees fit including contacting trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to FFA Inc. any and all information concerning the financial and credit history of the applicant.

2. All amounts due for services purchased from FFA Inc. are payable within 30 days from the invoice date. Purchaser acknowledges that such amounts are not payable in installments, but are payable in full as stated herein.

3. All amounts due to FFA Inc. are payable in accordance with the payment terms of 30 days from the invoice date. If any amount due FFA Inc is not paid in accordance with such payment terms, a delinquency charge shall be added to the sum due, which charge shall equal the amount obtained by multiplying the delinquent balance by the lesser of (a) one and one-half percent (15%) per month or (b) the maximum lawful rate permitted to be charged under the applicable state's law.

4. Purchaser shall pay FFA Inc. a bad check fee in the amount of \$50.00 for all checks returned unpaid by Purchaser's bank.

5. In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, or the same is collected through any judicial proceeding whatsoever, Purchaser shall pay all collection costs, reasonable attorneys' fees and court costs incurred by FFA Inc.



6. Purchaser shall notify FFA Inc. by certified mail of any change of ownership of Purchaser. Purchaser warrants FFA Inc. that all financial information furnished for the purpose of obtaining credit is true correct and complete in all material respects, and Purchaser authorizes FFA Inc. to investigate all references furnished pertaining to the credit and financial responsibility of Purchaser.

7. Purchaser understands that FFA Inc. is a motor carrier with an active operating authority as well as a transportation broker who may arrange their freight to be transported by a third party motor carrier. Purchaser understands and agrees that FFA Inc. cannot fill out Bills of Lading nor be listed on the Bills of Lading as the delivering carrier in those cases.

8. Purchaser understands that motor carriers under contract with FFA Inc. are required to maintain cargo loss and damage liability insurance in the amount of \$100,000.00 per shipment. Please sign below acknowledging that loads valued in excess of \$100,000 will not be tendered without giving written notification to allow FFA Inc. and the contracted carrier the opportunity to arrange for increased insurance limits. Failure to provide written notice will result in your loads not being insured to the extent the value exceeds \$100,000.00.

9. The Illinois state courts located in Cook County, shall have exclusive and irrevocable jurisdiction and shall be the exclusive venue with respect to any claim, counterclaim, or dispute arising in connection with any transactions, loads, or other business between FFA Inc. and Purchaser.

Authorized Company Representative Purchaser

Company: _____

Date: _____

Signature: _____

Print Name: _____

Title: _____

Please complete and sign all three pages of the credit application and return to: 1-312-858-8881

FFA Inc. Credit Department, FAX: 1-312-858-8881 or EMAIL: Accounting@FFA247.com



Billing Specifications (To be filled out by Accounts Payable Contact)

1. Are original Bills of Lading required with invoice to process payment? YES _____ NO _____

2. Do you prefer invoices to be? _____ Mailed _____ Emailed _____ Faxed _____

If mailed, please provide mailing address for invoices: _____

If emailed, please provide A/P email address for invoices: _____

If faxed, please provide A/P fax number for invoices: _____

Do you reimburse for Unloading Charges plus any applicable fees? YES _____ NO _____

Do you require prior authorization for Detention Charges? YES _____ NO _____

Please add any additional billing requires / instructions below:

Authorized Company Representative

Company Name: _____

A/P Contact Name: _____

Signature: _____

Title: _____

Date: _____

Please complete and sign all three pages of the credit application and return to: 1-312-858-8881

FFA Inc. Credit Department, FAX: 1-312-858-8881 or EMAIL: Accounting@FFA247.com

FFA Inc is a logistics provider with over 7 years in the transportation industry. FFA Inc provides nationwide service on all size shipments allowing us to be your single source provider.

We offer personalized quality service at competitive prices with one goal in mind, that being "Commitment to Excellence". We are committed to being the best multi-faceted shipping company in the field with total customer service, in-depth industry knowledge, and excellent reliability, communications, and service quality.

All of our services are designed to build a lasting relationship and to meet the challenge of satisfying all your shipping goals so that you always look good to your customers.

At FFA Inc you can expect some of the best service and transparency in the transportation industry, including self-service solutions or fully managed LTL services.

We specialize in truckload freight and work with various equipment types like dry van, flatbed and temperature controlled. We also offer air, ocean & rail transportation services.

Company information

FFA Inc
MC#: 1133018
DOT#: 3466120
EIN #: 84-2061410
SCAC - FFNK

Insurance Information

Arachas Group, LLC
Brennan Kurtz
Phone: 1-630-855-9844
Fax: 1-630-289-7726

Bank Information

Chase Bank
600 N. Meacham Rd.
Schaumburg, IL 60173
Contact: Manoj Patel
Phone: 1-847-240-6400

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

FFA INC

2 Business name/disregarded entity name, if different from above

FFA INC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

506 Bristol Lane

6 City, state, and ZIP code

Elk Grove Village, IL 60007

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

8 4 - 2 0 6 1 4 1 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►



Date ► **12/24/2023**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
January 21, 2021

CERTIFICATE
MC-1133018-C
U.S. DOT No. 3466120
FFA INC
ELK GROVE VLG, IL

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CMO



December 15, 2023

JULIET VUKAJLOVIC
FFA INC
506 BRISTOL LANE
ELK GROVE VILLAGE, IL 60007, UNITED STATES

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **FFNK** has been assigned to:

FFA INC
506 BRISTOL LANE
ELK GROVE VILLAGE, IL 60007,
UNITED STATES
MC - 1133018
US DOT - 3466120

This Alpha Code will apply only to the company name shown above through June 30, 2022. Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at: <https://www.cbp.gov/trade/automated/getting-started>.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, tariffs, etc.

NOTICE: Assignment of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810.



FFAINC0-01

TRAJA1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2024

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arachas Group LLC dba Transportation Insurance Solutions 852 W Bartlett Rd Bartlett, IL 60103	CONTACT NAME: PHONE (A/C, No, Ext): (630) 289-4410 E-MAIL ADDRESS: certificates@arachasgroup.com FAX (A/C, No): (630) 289-7726														
INSURED FFA Inc 506 Bristol Lane Elk Grove Village, IL 60007	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Covington Specialty</td><td></td></tr><tr><td>INSURER B : Accredited Surety and Casualty Company, Inc</td><td>26379</td></tr><tr><td>INSURER C : United States Fire Insurance Company</td><td>21113</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Covington Specialty		INSURER B : Accredited Surety and Casualty Company, Inc	26379	INSURER C : United States Fire Insurance Company	21113	INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			VBA960219 00	1/18/2024	1/18/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY TRUCKING <input type="checkbox"/> NON-OWNED AUTOS ONLY			1BWHIL1901289377-00	1/19/2024	1/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Motor Truck Cargo			324-102121-2	1/18/2024	1/18/2025	DED 2,500 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
INSURER C: TRAILER INTERCHANGE COVERAGE #324-102121-2 1/18/2024-1/18/2025 LIMIT \$50,000 / DED \$1,000

2016 FREIGHTLINER 3AKJGLD56SGW0365 (Auto Liability & Cargo)
2019 PETERBILT 1XPBDP9X1KD643697 (Auto Liability & Cargo)
2008 VOLVO 4V4NC9TG58N493011 (Auto Liability & Cargo)
2024 FREIGHTLINER 1FUJHHDR3RLUY0544 (Auto Liability & Cargo)
2021 FREIGHTLINER 1FUJHHDR0MLMH2910 (Auto Liability & Cargo)
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

INSURED'S COPY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/7/2023

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cottingham & Butler 800 Main St. Dubuque IA 52001		CONTACT NAME: To Request a Certificate PHONE (A/C, No, Ext): 888-785-4677 FAX (A/C, No): 563-587-5990 E-MAIL ADDRESS: certificates@cottinghambutler.com	
INSURED FFA Inc 506 Bristol Lane Elk Grove Village IL 60007		INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
FFAINC0-01		NAIC # 16535	

COVERAGES	CERTIFICATE NUMBER: 1271320223	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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC 0862435-02	11/1/2023	11/1/2024	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER **FOR INFORMATION ONLY** PLEASE SEND YOUR CERTIFICATE REQUESTS TO: Certificates@cottinghambutler.com OR fax 563-587-5866	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. AUTHORIZED REPRESENTATIVE
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