



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2020

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 Morgan Trevathan & Gunn, Inc. 106 East 12th St. P.O. Box 487 Benton KY 42025	CONTACT NAME: Deborah Moline PHONE (A/C, No, Ext): (270) 527-6200 FAX (A/C, No): (270) 527-9252 E-MAIL ADDRESS: deborahm@mtginsurance.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Interstate Insurance</td> <td>32620</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Interstate Insurance	32620	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED H O Wolding Inc PO Box 217 Amherst WI 54406															

COVERAGES **CERTIFICATE NUMBER:** 20/22 Master **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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLT001057708	07/01/2020	01/01/2022	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 - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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 checked="" type="checkbox"/> Trailer Interchg			HPP014000012 Excludes Private Passngr Type	07/01/2020	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Coll Deductible \$1K \$ 50,000
	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? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	HWC814000013	07/01/2020	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Motor Truck Cargo			Wolh07012020	07/01/2020	01/01/2022	Self Insured see page 2

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

The above Auto & General Liability policies include blanket additional insured coverage if required by written contract and executed prior to any loss subject to policy provisions, conditions and exclusions

CERTIFICATE HOLDER

CREILLY@WOLDING.COM

H O Wolding Inc
Proof Of Insurance-General

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

Chris Gunn/DEBORA

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COMMENTS/REMARKS

H O WOLDING INC

---STATEMENT OF CARGO INSURANCE---

H.O. Wolding, Inc. has elected to change the coverage of our Cargo liability. After review of our cargo claim history vs. cost of Cargo liability premiums, we feel strongly that we can work with each customer to provide adequate coverage for any issues relating to cargo loss or damage. Our company will directly assume the risk of Cargo liability, as described below.

H.O. Wolding, Inc shall be liable for the cost of replacing damaged Goods when determined loss or damage is the responsibility of H.O. Wolding, Inc., pursuant to the provisions of the Carmack Amendment 49 u.s.c. 14706(2005). H.O. Wolding, Inc.'s liability for the loss and damage to Goods shall be up to a maximum of one hundred thousand dollars (\$100,000) per occurrence and subject to policy terms, conditions and exclusion found in the Standard Broad Form Cargo Policy. Payments by H.O. Wolding, Inc. to appropriate shipper pursuant to the provisions provided herein, there being no remaining issue of Cargo liability, shall be made within thirty (30) days following receipt by H.O. Wolding, Inc. of appropriate shipper's invoice.

All claims for recovery by appropriate shipper as provided herein and as to each shipment must be filed with and received by H.O. Wolding, Inc. and being in compliance with the Carmack Amendment 49 u.s.c. 370 within nine (9) months of the date of delivery of that shipment.

We will continue to provide coverage for General Liability, Automobile Liability and Workers Compensation. This information will be included on our Certificate of Insurance. Please refer to our website: www.howolding.com for a memorandum of insurance. To request a certificate of insurance please send your request to certrequest@wolding.com.

INFORMATION:

Company Name: H.O. Wolding, Inc. Phone Number: (800) 945-9090

Mailing Address: PO Box 217 Amherst, WI 54406 Fax Number: (715) 824-4695

Physical Address: 9642 Western Way, Amherst, WI 54406

Started Business in: 1934 Line of Business: Truck Transportation

Type of Account: Corporation Fed ID# 39-1016161 State of Incorporation: Wisconsin, 1962

BANK REFERENCE:

Well Fargo Bank, NA

420 Montgomery St.

San Francisco, CA 94163

Cheron Souza (778) 328-5189 Fax (866) 674-6016

BUSINESS REFERENCE:

Quality Truck Care Ctr PO Box 3337 Oshkosh, WI 54903

(920) 231-2122 Fax (920) 231-0983

Diesel Machine Service 9795 Lincoln Street Amherst, WI 54406 (715) 824-3966 Fax (715) 824-3969

As of June 4, 2020

Carrier Name: H O WOLDING INC

US DOT #: 46811 MC #: 142310

ISS Inspection Value: 25

ISS Recommendation: PASS

Basis for Recommendation: Safety