



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

11/03/2017

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER TrueNorth 500 1st St SE Cedar Rapids, IA 52406	CONTACT NAME: TrueNorth (see specific policy below for claims reporting phone #) PHONE (A/C, No, Ext): 1-877-968-8785 FAX (A/C, No): 319-896-4720 E-MAIL ADDRESS: service@tsatruck.com PRODUCER CUSTOMER ID #:
INSURED Members of TSA Intergalaxy Inc 14 Breezy Tree Ct Lutherville-Timonium MD 21093	INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: NAIC # 16691

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2011	MAKE / MANUFACTURER Freightliner	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER 1FUJGLDR4BLBC9958
DESCRIPTION Value: 40,000.00				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/>	VEHICLE LIABILITY Non-Trucking Liability	GTP9668581 Claims Phone: (855) 533-8783	10/01/2016	10/01/2018	Combined Single Limit \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURENCE \$ GENERAL AGGREGATE \$
	<input type="checkbox"/>	GENERAL LIABILITY OCCURRENCE CLAIMS MADE				\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE
A	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	GTP9751771 Claims Phone: (855) 533-8783	10/1/2016	10/1/2018	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ 40,000. LIMIT <input type="checkbox"/> STATED AMT \$ 1,000 DED
A	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC	GTP9751771	10/1/2016	10/1/2018	<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ 40,000. LIMIT <input type="checkbox"/> STATED AMT \$ 1,000 DED
	<input type="checkbox"/>	PROPERTY BASIC <input type="checkbox"/> BROAD SPECIAL <input type="checkbox"/>				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Non-Trucking Liability: 10/01/2016 Physical Damage: 10/1/2016

Association Dues: 10/01/2016. Permanently leased to FREIGHT MASTER TRANS LLC. All coverage ceases upon termination of the Independent Contractor Operating Agreement by either party. Coverage is cancelled regardless of whether the Independent Contractor receives written cancellation notice.

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
VEHICLE / EQUIPMENT INTEREST:	LEASED	FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST ROY SALMON TRUCKING LLC PO BOX 799 Randallstown, MD 21133			ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE <input type="checkbox"/> Certificate Holder <input checked="" type="checkbox"/> LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE		

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