

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2022

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.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights				uch end	dorsement(s).	•		atement on	
PRODUCER					CONTACT NAME: Willis Towers Watson Certificate Center						
Willis Towers Watson Midwest, Inc. c/o 26 Century Blvd					PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378						
P.O. Box 305191						E-MAIL ADDRESS: certificates@willis.com					
Nashville, TN 372305191 USA					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: TT Club Mutual Insurance Limited				В9822		
INSURED					INSURER B: Lexington Insurance Company					19437	
TII Logistics, Inc.					INSURER C:						
100 Industry Drive Pittsburgh, PA 15275					INSURER D :						
				INSURER E :							
COVERAGES CERTIFICATE NUMBER:					INSURER F :						
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)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							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 AGG	\$		
	OTHER:			Λ Λ					\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	× ANY AUTO			ΔIM				BODILY INJURY (Per person)) \$		
A	OWNED AUTOS ONLY SCHEDULED AUTOS			87843/2022/001	08/01/2022	08/01/2023	BODILY INJURY (Per accident)	t) \$			
	HIRED NON-OWNED					_		PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							FB Liab/Third Party	\$	1,000,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	CLAIWS-WADE	1						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	Þ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N								•		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
В	DÉSCRIPTION OF OPERATIONS below Contingent Cargo			51567017		08/01/2022	08/01/2023	E.L. DISEASE - POLICY LIMIT	\$100,0	100	
В	Contingent Cargo			31367017		08/01/2022	06/01/2023	TIMIC:	\$100,0	,00	
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER (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						
PROOF OF COVERAGE					Metion D. Lewis						