

MERINOJ

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DATE (MM/DD/YYYY) 6/21/2024

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.

lf	SUE	BROGATION IS WAIVED, subjectificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain ¡	policies may				
PRODUCER Insurance Office of America 220 Lake Drive East #304						CONTACT NAME: PHONE (A/C, No, Ext): (856) 608-1000 FAX (A/C, No): (856) 608-1000				608-9788		
Cherry Hill, NJ 08002							E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE					NAIC#	
							INSURER A: Great West Casualty Company				11371	
INSURED						INSURER B : Zurich American Insurance Company of Illinois 27855					27855	
Farruggio's Bristol & Philadelphia Farruggio's Express, Able Rental,							INSURER C : Markel American Insurance Company				28932	
1419 Radcliff Street				•	INSURER D :							
Bristol, PA 19007					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
IN CI	DICA RTII	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	REQUI	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE ADDL SUBFINSD WVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			4870199		7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Y	PRO-								1.	2.000.000	

POLICY _____ JECT ____ LOC PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY 4870199 7/1/2024 7/1/2025 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY TRLR INTERCHNG 75,000 **UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC6554972 7/1/2024 7/1/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT Motor Truck Cargo 5519601 7/1/2024 7/1/2025 250,000 Limit Per Conveyance

7/1/2024

7/1/2025

Deductible

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

B. WORKER'S COMPENSATION (Per Statute) - Eff: 7/1/2024 to 7/1/2025

Policy# WC6553678 (Able Rental)

5519601

Includes Reefer Cvg

Each Accident: \$1M / Employee: \$1M / Disease: \$1M

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.
EMBENCE OF INCURANCE	AUTHORIZED REPRESENTATIVE Alemany Language
EVIDENCE OF INSURANCE	The second of th
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