



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2026

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 AssuredPartners of New Jersey, LLC AssuredPartners Transportation 1130 Highway 315 Wilkes Barre PA 18702	CONTACT NAME: PHONE (A/C, No, Ext): 215-874-3030 FAX (A/C, No): E-MAIL ADDRESS: APTcerts@assuredpartners.com														
INSURED Greatwide American Trans-Freight LLC dba Greatwide American Trans-Freight 2150 Cabot Blvd W Langhorne, PA 19047	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Travelers Property Casualty Company of America</td><td>25674</td></tr><tr><td>INSURER B : OBI National Insurance Company</td><td>14190</td></tr><tr><td>INSURER C : Arch Specialty Insurance Company</td><td>21199</td></tr><tr><td>INSURER D : United Specialty Insurance Company</td><td>12537</td></tr><tr><td>INSURER E : Upland Specialty Insurance Company</td><td>16988</td></tr><tr><td>INSURER F : Oxford Insurance Company TN, LLC</td><td>17142</td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Property Casualty Company of America	25674	INSURER B : OBI National Insurance Company	14190	INSURER C : Arch Specialty Insurance Company	21199	INSURER D : United Specialty Insurance Company	12537	INSURER E : Upland Specialty Insurance Company	16988	INSURER F : Oxford Insurance Company TN, LLC	17142
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COVERAGES**CERTIFICATE NUMBER:** 2071219757**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
F	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			1003-GL-26	6/28/2026	6/28/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
D F	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☒ MCS-90 ☒ Pol Seebelow			TKM-1003-26-2(\$1m CSL Primary) 1003-26(\$1m x \$1m CSL Excess AL)	6/28/2026 6/28/2026	6/28/2027 6/28/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ XS Auto CSL \$ 1,000,000
C E	UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$			UXP1060135-01(\$3m) USXSL0237626(\$2m)	6/28/2026 6/28/2026	6/28/2027 6/28/2027	EACH OCCURRENCE \$ 3,000,000 XS GL AGGREGATE \$ 3,000,000 XS GL Per Oc/Agg \$ 2,000,000 XS GL
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	406-04-49-12-0010	4/1/2026	4/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Cargo & Trailer Interchange Physical Damage Pollution			QT-660-9B784276-TIL-26	6/28/2026	6/28/2027	500,000/50,000**ded 5,000 Comp/Coll Ded \$2,000,000 Pollution TI 65,000/5,000ded policy below policy below

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

CARGO - \$500,000 Cargo limit applies per truck & includes Reefer Breakdown & Theft. No Exclusion for Copper. ** \$100,000 deductible applies to alcoholic shipments.

TRAILER INTERCHANGE \$65,000

PHYSICAL DAMAGE - Great Lakes Insurance SE 6/28/26-27 Policy pays lesser of ACV or Stated Amount Policy #B1525 PFAP26134345 AINN# AA1340043

POLLUTION - AIG Specialty Insurance Company 6/28/2026-2027 Policy #CPL15830272 NAIC 26883

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes Only

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

AssuredPartners of New Jersey, LLC.

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