

WSALLOWS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2018

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).

th	is certificate does not confer rights to	the	cert	ificate holder in lieu of su	ıch end	lorsement(s)).	- Toquilo ull oll	20130111011			
PRODUCER Great Lakes Insurance Partners, Inc. 5215 Monroe Street, Suite 2						CONTACT NAME: PHONE (440) 044 2000 FAX (440) 044 2000						
						(A/C, No, Ext): (419) 841-2000 (A/C, No):(419) 841-2022						
Tole	edo, OH 43623				ADDRE	_{ss:} gadmin@	@glipinc.co	m				
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Lloyds Syndicate 5000 (Traveler's)					048304	
INSURED						INSURER B: Lloyds of London					15792	
Omada Worldwide Logistics, Inc. 853 S. Columbia Rd., Suite 175 Plainfield, IN 46168					INSURER C:							
					INSURER D:							
					INSURE							
					INSURER F:							
CO	VERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NU	MBER:		-	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT W BED HEREIN IS S	ITH RESPE	CT TO	O WHICH THIS	
INSR LTR	R TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI		гѕ		
Α	X COMMERCIAL GENERAL LIABILITY					,	05/08/2019	EACH OCCURRENCE DAMAGE TO RENTED		\$	1,000,000	
	CLAIMS-MADE X OCCUR			CV180636-273		05/08/2018				\$	1,000,000	
								MED EXP (Any one person)		\$	10,000	
								PERSONAL & AD\	/ INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$	1,000,000	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$		
	ANY AUTO			CV180636-273		05/08/2018	05/08/2019	(Ea accident) BODILY INJURY (Per person)		\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS									\$		
								PROPERTY DAMA (Per accident)	er accident) GE	\$		
	HIRED AUTOS ONLY Contingent Auto					ì		(Per accident) Contingent AL		\$	1,000,000	
Α	1,4									\$	1,000,000	
^	WINDERLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			CV180636-273		05/08/2018	05/08/2019	EACH OCCURRENCE		\$	1,000,000	
				01100000 210		00/00/2010	00/00/2010	AGGREGATE		\$		
	DED RETENTION\$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	ĒŘ			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE	ENT	\$		
								E.L. DISEASE - EA EMPLOYEE		\$		
_	If yes, describe under DESCRIPTION OF OPERATIONS below	22700704				05/00/0040	05/00/0040	E.L. DISEASE - PC	LICY LIMIT	\$	050 000	
_	Contingent Cargo			22T00791				Deductible:\$5	·		250,000	
В	Warehouse Legal			22T00791		05/08/2018	05/08/2019	Deductible:\$5	,000		250,000	
DESC Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Ificate holder is listed as additional insu	LES (/	ACORI on th	 D 101, Additional Remarks Schedu e above general liability as	ıle, may k s their i	e attached if mor nterests may	re space is requi appear.	red)				
O.F.	DIFICATE UOI DED				CAN	CELLATION						
CE	RTIFICATE HOLDER				SHC THE ACC	EXPIRATIO	N DATE TH TH THE POLIC	PESCRIBED POLI HEREOF, NOTIC CY PROVISIONS.				