



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/22/2016

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 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 Marvin Johnson & Associates 305 Washington St Columbus IN 47201	CONTACT NAME: Michelle Eder	PHONE (A/C, No, Ext): 812-372-0841	FAX (A/C, No): 812-348-7474
	E-MAIL ADDRESS: meder@mjai.com		
INSURED Classic Carriers Inc P.O. BOX 295 Versailles OH 45380	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Northland Insurance Co		24015
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES      CERTIFICATE NUMBER: 916756352      REVISION NUMBER:

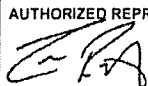
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WF005972	12/1/2016	12/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			WF005972	12/1/2016	12/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED   RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO- Includes Reefer Breakdown			WF005972	12/1/2016	12/1/2017	Limit \$250,000

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

## CERTIFICATE HOLDER

## CANCELLATION

**Insured's own Purposes**	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 
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(800) 457-5255 (National)  
(800) 446-1470 (After Hours)  
P.O. BOX 1849  
Columbus, IN 47202

**MARVIN JOHNSON & ASSOCIATES, INC.**  
Specializing in Trucking Insurance  
**VEHICLE IDENTIFICATION CARD**

**MARVIN  
JOHNSON**  
& ASSOCIATES, INC.

Please peel off the wallet section to keep with you at all times and place this piece of paper in the cab of your truck.

If you have any questions about this card or how to report a claim, please contact our Claims Department.

**HOW TO REPORT A CLAIM**

Step 1 - Follow the IN CASE OF ACCIDENT guidelines below, and any carrier specific instructions.

Step 2 - Fill out the Witness Card located in your accident kit, and any carrier specific forms.

Step 3 - Call your Accident Contact IMMEDIATELY .

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& ASSOCIATES, INC.

Policy Information	Accident Contact
Classic Carriers Inc P.O. BOX 295 Versailles OH 45380  Northland Insurance Co WF005972 \$1,000,000 CSL LIAB 12/01/2016-12/01/2017 Northland Insurance Co WF005972 \$250,000 - Cargo Limit 12/01/2016-12/01/2017  All Equip. owned/under lease to above named insured	Liability Contact: Northland Insurance Co WF005972 800-328-5972  Cargo Contact: Northland Insurance Co WF005972 800-328-5972  Marvin Johnson & Associates, Inc. (800) 457-5255 (National) (800) 446-1470 (MJAI-After Hours)

**IN CASE OF ACCIDENT**

Protect people & property from further injury or damage. Use warning devices;  
Turn off all engines; No smoking; Guard against fire; Check for fuel or cargo leaks.

Assist injured persons - Don't move anyone unless absolutely necessary.  
Summon ambulance if needed

Notify Terminal, Police, and Insurance company as instructed. Give accurate  
location and nature of the accident

Identify yourself & company. Show license & registration on request.

Be courteous - Make no statements except to police, insurance company,  
or insurance company representative.

Get complete Identity of all other parties involved: Names, Address,  
Telephone numbers, and description/Identity of other vehicles involved.

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& ASSOCIATES, INC.

Classic Carriers Inc  
P.O. BOX 295  
Versailles OH 45380

Northland Insurance Co WF005972  
\$1,000,000 CSL LIAB 12/01/2016-12/01/2017  
Northland Insurance Co WF005972  
\$250,000 - Cargo Limit 12/01/2016-12/01/2017

All Equip. owned/under lease to above named  
insured

**Accident Contact Information**  
**!!! REPORT ALL CLAIMS IMMEDIATELY !!!**  
In Case of Accident please call the number below

Liability Contact:  
Northland Insurance Co WF005972  
800-328-5972

Cargo Contact:  
Northland Insurance Co WF005972  
800-328-5972

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