

# CERTIFICATE OF INSURANCE



ISSUE DATE:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Certificate Holder Name & Address	Insured Name & Address
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The policies listed below have been issued to the insured named above. 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. **NOTE: Coverage(s) and Limit(s) shown below are as of the Issue Date of the Certificate.**

Coverage Provided	Policy Number	Policy Dates	Limits of Coverage	
<b>General Liability</b> Occurrence Basis – “Trucker - including Products - Completed Operations”.			General Aggregate Products - Completed Operations Aggregate Personal / Advertising Injury - Any one person or organization Each Occurrence Premises Damage - Any One Premises Medical Expense - Any one person	\$ Not Covered \$ \$ \$ \$
<b>Automobile Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Non-Trucking Liability			Each Accident - Combined Single Limit	\$
<b>Trailer Interchange</b> Comprehensive Collision			Stated Value Limit Deductible	\$ \$
<b>Auto Physical Damage</b> Comprehensive Collision			Stated Value Limit Deductible	\$ \$
<b>Inland Marine</b> Motor Truck Cargo			Each Vehicle Limit Deductible	\$ \$

Description of Operations/Vehicle: \_\_\_\_\_

If any of the above-listed policies cancel prior to the expiration date, Sentry Select Insurance Company will issue notice as provided in the policy.

Agent/Producer Name & Address		
FAX:	PHONE:	Authorized Representative