

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/18/2023

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(les) 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).

this c	ertificate does not confer rights to	the	certi	ficate holder in lieu of su	ich end	lorsement(s)				
PRODUCE					NAME:	Lisa Crav	wford	FAX	226.00	20.0402
Applied	Risk Management Solutions				PHONE (A/C, No.	Ext): 336-22		FAX (A/C, No):	330-27	29-0492
409-A	Alamance Rd				E-MAIL ADDRES					****
						INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Burlington NC 27215					INSURER B: INTEGON INDEMNITY CORPORATION					
INSURED	CRYSTAL TRANSPORTAT	TION	VS.V	CS OF NO. INC.	INSURE	RB: INTEGO	N INDEMNI	VIND CO		
DBA GUARDIAN LOGISTIC SOL.					INSURER C: COLONY SPECIALTY INS CO					
2525 WHILDEN DRIVE						INSURER D:				
DURHAM NC 27713					INSURER E:					
					INSURE			DEVICION MILES		
COVE	RAGES CER	TIFIC	CATE	NUMBER: 2023041817	020062	N ICCUED TO		REVISION NUMBER:	₹E PΩI	ICY PERIOD
INDIC	IS TO CERTIFY THAT THE POLICIES INTED. NOTWITHSTANDING ANY RESTRICTE MAY BE ISSUED OR MAY SUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME! AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	THE POLICIES REDUCED BY I	S DESCRIBED PAID CLAIMS.	D HEREIN IS SUBJECT TO	1 10	VVIII IIIIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
X		IIVAU	WVD	i osio i Humbert				EACH OCCURRENCE		00,000
	CLAIMS MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	
				mi				MED EXP (Any one person)	\$ 5,0	
A		N	N	WS531682		11/06/2022	11/06/2023	PERSONAL & ADV INJURY		00,000
GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000
X	7 [] nno []							PRODUCTS - COMP/OP AGG	7	00,000
	OTHER:							COMPINION OF THE	\$	
AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	100	00,000
	ANY AUTO						g paramananan	BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS NON-OWNED	N	N	2010571317		11/06/2022	11/06/2023	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
X	HIRED AUTOS ONLY							(Per accident)	\$	
			_						S	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	{						AGGREGATE	\$	
L	DED RETENTIONS							PER OTH-	\$	
AN	ORKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N							1.5		+ =======
I OF	YPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	NIA						E.L. EACH ACCIDENT	S	
(Ma	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE	- San Carlotter	
DE	SCRIPTION OF OPERATIONS below	-	-					E.L. DISEASE - POLICY LIMIT	\$	-0.000
c N	MOTOR TRUCK CARGO	N	N	IM257805-0		02/28/2023	02/28/2024	Per Vehicle	\$25	50,000
DESCRIP	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Sched	ule, may b	e attached if mor	e space is requir	ed)		
	60 DED = \$1,000.			17						
CARG	10 DED - \$1,000.									
	Marian and			The control of the co						
CERT	IFICATE HOLDER				CAN	CELLATION	1			
	CERTIFICATE HOLDER				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	ORIZED REPRESE	ENTATIVE	suff red Dies	B	nivblu.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/16/2023

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.

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cer	tificate does not confer rights to the	certii	icate	noider in lieu of such en		T					
PRODUCER Marsh Affinity						CONTACT NAME: Marsh Affinity FIANE FAX					
						PHONE (A/C, No, Ext): 800-743-8130 FAX (A/C, No):					
a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686					E-MAIL ADDRES						
						INSU	IRER(S) AFFOR	DING COVERAGE		NAIC#	
					INSURER A: New Hampshire Insurance Co.					23841	
INSURED						INSURER B:					
ADP TotalSource DE IV, Inc. 5800 Windward Parkway Alpharetta, CA 30005					INSURER C:						
					INSURER D:						
					INSURER E :						
Cr	C/F: ystal Transportation Services of NC, Inc.				INSURER F:						
DBA Guardian Logistics Solutions 2525 WHILDEN DR					INSURENT.						
	urham, NC 277130000				7						
cov	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:	DOLLOY	DEDIOD	
INI	IIIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC PRTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH F	DERT	MENT,	TERM OR CONDITION OF HE INSURANCE AFFORDE	D BY T	HE POLICIES	DESCRIBED				
NSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	LIA INLL	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
LTR		INSD	WVD	. Cast Homeen		((EACH OCCURRENCE	\$		
+	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
-	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$		
-								PERSONAL & ADV INJURY	\$		
+								GENERAL AGGREGATE	\$		
-	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
-	POLICY JECT LEGE								\$		
	OTHER:							COMBINED SINGLE LIMIT	s		
	AUTOMOBILE LIABILITY							(Ea accident) BODILY INJURY (Per person)	s		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per accident)	s		
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	s		
	HIRED NON-OWNED AUTOS ONLY							(Per accident)	S		
		-						EACH OCCURRENCE	S		
	UMBRELLA LIAB OCCUR							AGGREGATE	s		
	EXCESSLIAB CLAIMS-MADE	1						AGGREGATE	S		
	DED RETENTION \$							IPER IOTH-	5		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 053428912 NC		07/01/2022	07/01/2023	E.L. EACH ACCIDENT	\$ 2,00		
Α	(Mandatory in NH)			WG 055420512 NO		74/1/2011-Telleric		E.L. DISEASE - EA EMPLOYEE	\$ 2,00		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 2,00	00,000	
		11101 7	6/400	APD 404 Additional Remarks 5	Schodule.	may be attache	d if more space	is required)			
All w	CRIPTION OF OPERATIONS / LOCATIONS / VE vorksite employees working for Crystal Transports	tion Se	rvices c	f NC, Inc. DBA Guardian		may be attache	a il more apace	io . edanos)			
Logi	istics Solutions paid under ADP TOTALSOURCE,	INC.'s	payroll,	are covered under the above sta	ated						
Polit	.i.										
760					C 4 4	CELLATIO	N				
CE	RTIFICATE HOLDER				CAN	CELLATIO	IN				
						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						
							L	10 millips			
ACORD 25 (2016/03)						© 1988-2015 ACORD CORPORATION. All rights reserve					