

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/02/2023

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).

PRO	DUCER					NAME: Lisa Cra	THE RESIDENCE OF THE PARTY OF T				
Applied Risk Management Solutions						PHONE (A/C, No. Ext): 336 229 0429 [A/C, No]: 336 229					
409-A Alamance Rd						E-MAIL ADDRESS: lisa@armsnc.com					
							URER(S) AFFOR	IDING COVERAGE		NAIC #	
Bu	rlingto	on .			NC 27215	INSURER A: PENN AMERICA INS CO					
INSU	RED	0111 00100000	0111		110 1110	INSURER B : CANAL					
		GUARDIAN LOGISTICS S				WALLES C. UPLAND SPECIALTY II					
		DBA GUARDIAN LOGISTIC	CS	SOL	UTIONS	ALCO CITAL STATE OF THE STATE O					
		3410 OAK LAKE BLVD				INSURER D:					
CHARLOTTE NC 28208						INSURER E :					
00	VER	AGES CER	TIEIC	ATE	NUMBER: 20230202133	INSURER F :	A	REVISION NUMBER:			
TINC	HIS IS	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RESONS AND CONDITIONS OF SUCH IS	OF I	NSUF EME AIN, CIES.	ANCE LISTED BELOW HAV NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	OR OTHER IS DESCRIBED	DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
NSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Manionistin	1 4	COMMERCIAL GENERAL LIABILITY		nobed a find bejow				EACH OCCURRENCE	\$ 1,00	00,000	
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$ 5,00	00	
			N	N	PAV0306750	12/12/2022	12/12/2023	PERSONAL & ADV INJURY	s 1,00	00,000	
	GENT	L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		00,000	
	V	POLICY PRO- LOC						PRODUCTS - COMPIOP AGG	president de la constitución de	00,000	
		OTHER:						Fire Legal Liability	\$ 500		
-		MOBILE LIABILITY						COMBINED SINGLE LIMIT	-	00,000	
		ANY AUTO		N				(Ea accident) BODILY INJURY (Per person)	\$		
8		OWNED SCHEDULED	N		I-289136001-2	12/20/2022	12/20/2023	BODILY INJURY (Per accident)	Ś		
100	V	HIRED NON-OWNED	IX		1-200 10000 1-2	12/20/2022	12/20/2020	PROPERTY DAMAGE	Ś		
	^	AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
-	X	UMBRELLALIAB X OCCUR					12/12/2023	EVOR OCCI IDDEPICE	0 300	00,000	
C	-	EVARAA IIIA	N	N	USXTL0250722	12/12/2022		EACH OCCURRENCE	udidisakus at Antakatan ban	00,000	
	-	TOLAIMO-MADE			OSX11.0230722	12/12/2022		AGGREGATE	\$ 0,00	30,000	
	WORKERS COMPENSATION							PER OTH-	3	A. R. a. a. b. a.	
		EMPLOYERS' LIABILITY Y/N	N/A					STATUTE ER			
	OFFIC	ROPRIETOR/PARTNER/EXECUTIVE ERMEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$		
	If yes,	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	to response to the second		
	DESC	RIPTION OF OPERATIONS below	-	-				E.L. DISEASE - POLICY LIMIT \$			
В	CAI	RGO LIABILITY	N	Ν	I-289136001-2	12/20/2022	12/20/2023	Per Vehicle	\$25	0.000	
DES	CRIPTIO	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be attached if more	e space is require	ed)			
CE	RTIFL	CATE HOLDER				CANCELLATION					
						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 REPRESE	NTATIVE -FO	iseph W. Atahl	ey-		

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2022

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PR	DDUCER			CONTA		Affinity			
	14			PHONE	900		I F	AX	
	Marsh Affinity a division of Marsh USA Inc.	(A/C, No, Ext): 800-743-8130 (A/C, No): E-MAIL ADDRESS: ADPTotalSource@marsh.com							
	PO Box 14404	ADDRE							
	Des Moines, IA 50306-9686	INSURER(S) AFFORDING COVERAGE					NAIC#		
INIC	UBED			INSUR	ERA: New	Hampshire Insu	rance Co.		23841
INS	URED			INSURER B:					
	ADP TotalSource DE IV, Inc.			INSURER C:					
	5800 Windward Parkway Alpharetta, GA 30005	INSURER D:							
	L/C/F:	INSURER E:							
GBG Courier, Inc DBA Guardian Logistics Solutions					INSURER F:				
	3410 OAK LAKE BLVD Charlotte, NC 282080000								
	Chanotte, NC 202000000								
00	VERAGES CER	TIFICATI	- AUUMADED						
			E NUMBER:	REVISION NUMBER:					
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	PERTAIN.	, LERM OR CONDITION OF THE INSURANCE AFFORDER	F ANY	CONTRACT C	OR OTHER DO	OCUMENT WITH RES	SPECT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER		POLICY EFF	POLICYEXP		LIMITS	
LIIX	COMMERCIAL GENERAL LIABILITY	INSD WVD			(MM/DD/YYYY)	(MM/DD/YYYY)			•
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED		\$
							PREMISES (Ea occurren		5
							MED EXP (Any one pers		\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJU		5
	PRO DICE						GENERAL AGGREGATE		
	OTHER:						PRODUCTS - COMP/OF	AGG	5
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIM	NT.	5
	ANY AUTO			25		1 1 57 2	(Ea accident)	3	5
	OWNED SCHEDULED			- 1			BODILY INJURY (Per pe		5
	HIRED AUTOS NON-OWNED						BODILY INJURY (Per ac	cident) \$	5
	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	5
	LIMPRELLATIAR							\$	5
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESSLIAB CLAIMS-MADE						AGGREGATE	S	
	DED RETENTIONS							S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X STATUTE E	TH-	
^	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC 053430343 NC		07/04/2022	07/04/2022	E.L. EACH ACCIDENT	S	2,000,000
Α			WC 033430343 NC		07/01/2022	07/01/2023	E.L. DISEASE - EA EMPL	OYEE \$	2,000,000
							E.L. DISEASE - POLICY L	_IMIT S	2,000,000
					0, 2 47 4 4				
DES	CRIPTION OF OPERATIONS (1.004 TIONS (1.00								
All M	ORIPTION OF OPERATIONS / LOCATIONS / VEH orksite employees working for GBG Courier, Inc D	BA Guardian I	odistics Solutions haid under	hedule, m	ay be attached	if more space i	s required)		
ADP	TOTALSOURCE, INC.'s payroll, are covered under	r the above st	ated policy.						
CE	RTIFICATE HOLDER	CANCELLATION							
		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							
100	DD 25 (2046/02)	Vo Millypo							
400	PRD 25 (2016/03)	© 1988-2015 ACORD CORPORATION. All rights reserved.							