



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2024

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).

PRODUCER MARSH USA, LLC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Atlanta.Certrequest@marsh.com Fax#212-948-4321 CN101757414--24-25	CONTACT NAME: PHONE (A/C No. Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED SAIA Motor Freight Line, LLC 104 Woodlawn Ranch Road Houma, LA 70363	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : ACE American Insurance Company		22667
	INSURER B : Liberty Mutual Insurance Company		23043
	INSURER C : ACE Property & Casualty Insurance Company		20699
	INSURER D : Allianz Underwriters Ins Co		36420
	INSURER E : USQ-Lloyd's of London		N/A

COVERAGES

CERTIFICATE NUMBER:

ATL-005218762-19

REVISION NUMBER: 19

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500,000 DEDUCTIBLE GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			HDO G47299810	03/01/2024	03/01/2025	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	AUTOMOBILE LIABILITY			016052736	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 15,000,000
D	<input checked="" type="checkbox"/> ANY AUTO			U5Z000011181	03/01/2023	03/01/2026	BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS	MMTH10690870	03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$
A	<input type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/> NON-OWNED AUTOS ONLY	MMTH1069081A	03/01/2024	03/01/2025	PROPERTY DAMAGE (Per accident)	\$
E	<input type="checkbox"/>			BOWCN2250484	03/01/2022	03/01/2025		\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XEUG46871492007	03/01/2024	03/01/2025	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
A	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 <input checked="" type="checkbox"/> N	N / A	WLRC50673650 (AZ)	03/01/2024	03/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A				WCUC50673443	03/01/2024	03/01/2025	E.L. EACH ACCIDENT	\$ 1,000,000
				(AL,AR,FL,GA,IL,LA,MS,NC,OH,SC,TN)			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
				SCFC5067356A (WI)	03/01/2024	03/01/2025	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
G	Motor Truck Cargo			MKLM2IM0002341	03/01/2024	03/01/2025	Limit	\$ 1,000,000
	Legal Liability						Deductible - Per Occ	\$ 250,000

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

Evidence of Insurance

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

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
of Marsh USA LLC*Marsh USA LLC*

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ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED SAIA Motor Freight Line, LLC 104 Woodlawn Ranch Road Houma, LA 70363	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSURERS AFFORDING COVERAGE/NAIC #

INSURER G: Markel American Insurance Co. (28932)

AUTO COVERAGE:

\$8,000,000 excess \$2,000,000 Combined Single Limit on ALLIANZ

AUTO COVERAGE: \$5,000,000 excess \$10,000,000 Combined Single Limit on USQ

\$2,000,000 limit on Liberty Mutual Insurance Company

Liberty Mutual Insurance Co. has issued a Bond of Financial Responsibility # 016052736 guaranteeing payment of \$2,000,000 each unit and each accident for auto liability.

Workers Compensation and Employers Liability:

Policy Number: WCUC50673443

Policy Limits: Employer's Liability Limit (GA & LA): \$250,000; Employers Liability Limit (AOS excluding GA & LA): \$NIL

Retention for GA & LA: \$750,000

Retention for States Excluding GA & LA: \$1M

Policy Number: WLRC5067356A (AOS)

Carrier: Indemnity Insurance Company of North America

Dates: 03/01/2024 - 03/01/2025

Motor Truck Cargo

Limits of Liability:

\$ 20,000,000 Maximum limit of Insurance for all loss insured in any one occurrence. \$ 2,500,000 Vehicles over the road, \$ 2,500,000 Vessels over the water, \$ 2,500,000 Railcars over the tracks, \$ 2,500,000 Aircraft.

\$ 10,000,000 Unscheduled locations and off of Means of Transportation. \$500,000 Undamaged Food Safety Modernization Act; \$500,000 Delay - No Damage to the Cargo; \$50,000 Debris Removal; \$50,000 Pollutant Cleanup; \$10,000 Trailer Interchange / Trailer Bailment. \$10,000,000 blanket limit applies to terminals covered by this policy.

\$250,000 Deductible - All covered causes of loss except \$25,000 at 3 locations per schedule

Other deductibles may apply as per policy terms and conditions.