



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
06/21/2013

**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<br>Aon Risk Services Southwest, Inc.<br>Aon Truck Group - Little Rock, AR<br>PO Box 3870<br>Little Rock AR 72203 USA | CONTACT NAME:                               |                                |
|   | PHONE (A/C, No, Ext): (501) 374-9300        | FAX (A/C, No.): (800) 363-0105 |
| E-MAIL ADDRESS:   |   |                                |
| INSURER(S) AFFORDING COVERAGE   |   | NAIC #                         |
| INSURED<br>Barlow Transportation Services, Inc.<br>1305 Grand DD EE<br>Faucett MO 644489121 USA                               | INSURER A: Cherokee Insurance Company 10642 |                                |
|   | INSURER B:                                  |                                |
|   | INSURER C:                                  |                                |
|   | INSURER D:                                  |                                |
|   | INSURER E:                                  |                                |
|   | INSURER F:                                  |                                |

Holder Identifier:

**COVERAGES                          CERTIFICATE NUMBER: 570050331810                          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. Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE   | ADDL INSUR WVD | POLICY NUMBER                | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                      |
|----------|---|----------------|------------------------------|-------------------------|-------------------------|---|----------------------|
|          | <b>GENERAL LIABILITY</b><br>COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/><br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> |                |                              |                         |                         | EACH OCCURRENCE                           |                      |
|          |   |                |                              |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) |                      |
|          |   |                |                              |                         |                         | MED EXP (Any one person)                  |                      |
|          |   |                |                              |                         |                         | PERSONAL & ADV INJURY                     |                      |
|          |   |                |                              |                         |                         | GENERAL AGGREGATE                         |                      |
|          |   |                |                              |                         |                         | PRODUCTS - COMP/OP AGG                    |                      |
|          | <b>AUTOMOBILE LIABILITY</b><br>ANY AUTO <input type="checkbox"/><br>ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input type="checkbox"/><br>HIRED AUTOS <input type="checkbox"/>   |                |                              |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       |                      |
|          |   |                |                              |                         |                         | BODILY INJURY (Per person)                |                      |
|          |   |                |                              |                         |                         | BODILY INJURY (Per accident)              |                      |
|          |   |                |                              |                         |                         | PROPERTY DAMAGE (Per accident)            |                      |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/><br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/><br><input type="checkbox"/> OEO <input type="checkbox"/> RETENTION   |                |                              |                         |                         | EACH OCCURRENCE                           |                      |
|          |   |                |                              |                         |                         | AGGREGATE                                 |                      |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |                |                              |                         |                         | WC STATUTORY LIMITS                       | OTHER                |
|          |   |                |                              |                         |                         | E.L. EACH ACCIDENT                        |                      |
|          |   |                |                              |                         |                         | E.L. DISEASE-EA EMPLOYEE                  |                      |
|          |   |                |                              |                         |                         | E.L. DISEASE-POLICY LIMIT                 |                      |
| A        | Misc Liab Cvg   |                | MC130085<br>Contingent Cargo | 07/01/2013              | 07/01/2014              | Cargo Liability<br>SIR/Deductible (1)     | \$250,000<br>\$5,000 |

Certificate No.: 570050331810

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Includes Reefer Breakdown w/\$2,000 Deductible

**CERTIFICATE HOLDER**

\*\* EVIDENCE OF COVERAGE \*\*  
 Barlow Transportation Services, Inc.  
 1305 Grand DD EE  
 Evidence of Coverage  
 Faucett MO 64448 USA

**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

*Aon Risk Services Southwest, Inc.*

AGENCY CUSTOMER ID: 570000025611

LOC #:



# ADDITIONAL REMARKS SCHEDULE

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|  |                  |  |  |
|--|------------------|--|--|
| <b>AGENCY</b><br>Aon Risk Services Southwest, Inc.           |                  | <b>NAMED INSURED</b><br>Barlow Transportation Services, Inc. |  |
| <b>POLICY NUMBER</b><br>See Certificate Number: 570050331810 |                  |  |  |
| <b>CARRIER</b><br>See Certificate Number: 570050331810       | <b>NAIC CODE</b> | <b>EFFECTIVE DATE:</b>                                       |  |

**ADDITIONAL REMARKS**

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

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER                       |        |
| INSURER                       |        |
| INSURER                       |        |
| INSURER                       |        |

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE    | ADDL INSR | SUBR WVD | POLICY NUMBER                         | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                   |             |
|----------|----------------------|-----------|----------|---------------------------------------|------------------------------------|-------------------------------------|--------------------------|-------------|
|          | AUTOMOBILE LIABILITY |           |          |                                       |                                    |                                     |                          |             |
| A        |                      |           |          | CA130113<br>Contingent Auto Liability | 07/01/2013                         | 07/01/2014                          | Combined<br>Single Limit | \$1,000,000 |
|          |                      |           |          |                                       |                                    |                                     |                          |             |
|          |                      |           |          |                                       |                                    |                                     |                          |             |
|          |                      |           |          |                                       |                                    |                                     |                          |             |
|          |                      |           |          |                                       |                                    |                                     |                          |             |
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|          |                      |           |          |                                       |                                    |                                     |                          |             |
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|          |                      |           |          |                                       |                                    |                                     |                          |             |
|          |                      |           |          |                                       |                                    |                                     |                          |             |
|          |                      |           |          |                                       |                                    |                                     |                          |             |
|          |                      |           |          |                                       |                                    |                                     |                          |             |
|          |                      |           |          |                                       |                                    |                                     |                          |             |