

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/31/2017

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		CONTACT NAME:				
Seubert & Associates Inc. 225 North Shore Drive		PHONE (A/C, No, Ext):412-734-4900 FAX (A/C, No):412-734-5725				
Suite 300		E-MAIL ADDRESS:nhoffman@seubert.com				
Pittsburgh PA 15212			JAN 1800	DING COVERAGE	NAI	IC#
		INSURER A : R.L.I. In:	surance Cor	mpany	13056	
INSURED AMETR	j	INSURER B :				
ATI Trucking LLC		INSURER C :		- Allendary Control		
100 Industry Drive		INSURER D :		'		
Pittsburgh PA 15275	Г	INSURER E :	160	:		
	F	INSURER F :		1		
COVERAGES CERTIFICATE NUMBER		INSUREN F .		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.						
	SHOWN MAY HAVE E		POLICY EXP			
INSR LTR TYPE OF INSURANCE INSR WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMIT		
A GENERAL LIABILITY LGL001	1745	6/1/2017	6/1/2018	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000	
X COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	\$50,000	
CLAIMS-MADE X OCCUR				MED EXP (Any one person)	\$5,000	
				PERSONAL & ADV INJURY	\$1,000,000	
				GENERAL AGGREGATE	\$2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000	
POLICY PRO- LOC					\$	
A AUTOMOBILE LIABILITY LFT001	2815	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
X ANY AUTO			1	BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION'S					\$	
WORKERS COMPENSATION				WC STATU- OTH- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE	·		
If yes, describe under DESCRIPTION OF OPERATIONS below					\$	
DESCRIPTION OF OPERATIONS DROW				L.L. DISEAGE - I OLIO I LIMIT	Ψ	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
CENTIFICATE HOLDED						
CERTIFICATE HOLDER	<u>C</u>	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.				
	A	AUTHORIZED REPRESENTATIVE				