

CERTIFICATE OF LIABILITY INSURANCE

AIRFR-1 OP ID: KL

DATE (MM/DD/YYYY) 09/22/2015

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).

Insurance 5215 Monr	ation Regional Partners - Toledo oe Street, Suite 3	CONTACT NAME: PHONE (A/C, No, Ext): 419-517-8847 E-MAIL ADDRESS: FAX (A/C, No):	NAME: Andrew Gallegos PHONE (A/C, No, Ext): 419-517-8847 E-Mail RAX (A/C, No):					
Toledo, OH 43623 Andrew Gallegos		INSURER(S) AFFORDING COVERAGE	NAIC #					
		INSURER A: Lloyd's Syndicate 2623 Beazley	048946					
INSURED	AirFreight.com: A Delaware Corporation One World Trade Center-Ste 800 Long Beach, CA 90831	INSURER B: Great American E&S Ins. Co.	37532					
		INSURER C: LM Insurance Corporation	33600					
		INSURER D:						
		INSURER E :						
		INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
В	Х	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PL4957372	09/16/2015	09/16/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
	Х	\$2500 DEDUCTIBLE						MED EXP (Any one person)	\$	EXCLUDED
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY AUTO			CV150501-035	09/16/2015	09/16/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
	X	CONTINGENT AUTOS						, , , , , , , , , , , , , , , , , , , ,	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
В	X	EXCESS LIAB CLAIMS-MADE			XS1943400-02	09/16/2015	09/16/2016	AGGREGATE	\$	4,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
С	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		WC5-34S-529532-015 919	09/18/2015	09/18/2016	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	CONTINGENT CARGO				CV150501-035	09/16/2015	09/16/2016	LIMIT		500,000
								DEDUCTIBL		5,000

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

CERTIFICATE HOLDER	CANCELLATION
SAMPLEC Sample Certificate	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