

## **Insurance Requirements**

Carrier shall insure its property at its own expense, and maintain for the benefit of Broker Group as indemnitees, coverages of the kind and in the amounts set forth below with an insurance company or companies authorized to do business in the state where the transportation services are to be provided and having an AM Best rating of A- or better. Notwithstanding the maintenance of such insurance, the liabilities of Carrier shall not in any way be limited to the amounts of insurance required herein (except to the extent expressly mandated by applicable law). Moreover, the indemnity obligations assumed under the terms of this Agreement are independent of the contractual insurance requirements set out below, and such indemnity obligations shall not be lessened or extinguished by reason of Carrier's failure to obtain the required insurance coverage or by any defenses asserted by Carrier's insurers.

**Workman's Compensation** - Statutory Workers' Compensation Insurance and Employer's Liability including maritime endorsement, if applicable, in the amount of \$1,000,000 per occurrence and in the aggregate.

**Commercial General Liability** - Commercial General Liability insurance providing for third party property damage and personal injury in the amount of \$1,000,000 per occurrence and \$2,000,000 in the aggregate, including;

- Broad form contractual liability for any agreement and broad form property damage and in rem actions
- Completed operations cover for any claim relating to any services used or rendered by Contractor
- Personal injury liability
- Premises liability
- Seepage and pollution liability including cleanup on a sudden and accidental basis

**Automobile** - Owned, Hired and Non-Owned Automobile Liability Insurance for bodily injury and property damage with a combined single limit in the amount of \$1,000,000 per accident, including;

- Broadened Pollution liability endorsement
- Form MSC-90

**Excess Liability** - Excess Liability Insurance on a following form basis providing coverage inclusive of the foregoing insurances, excluding statutory insurance coverage, in the amount of \$5,000,000 per occurrence and in the aggregate.

**Trailer Interchange** – To the extent Carrier is using a trailer owned, licensed or rented by Broker, Trailer Interchange Insurance in an amount no less than \$100,000.

**Motor Truck Cargo** – Motor Truck Cargo insurance in an amount no less than \$100,000 with Haliburton Energy Services, Inc. named as loss payee.

### **Policies provided under the requirements of this exhibit shall:**

- Be endorsed to name Broker Group as additionally insured, including any excess coverages, but excluding workers compensation;
- Call for no contribution or payments from Broker Group – in both primary and non-contributory;
- Provide waivers of subrogation;
- Provide not less than 30 days' prior notice of cancellation or material changes;
- Shall be primary to any insurance carried by Broker Group; and
- Comply with minimum requirements of the Federal Motor Carrier Safety Administration and any other applicable regulatory state agency.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2021

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 Brokerage/ Agency Information	CONTACT NAME: Sam Smith	FAX (A/C, No): 770-555-2345
	PHONE (A/C, No, Ext): 770-555-1234	E-MAIL ADDRESS: COI@samsmith.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Must have AM Best Rating of > A-		12345
INSURED Name of Company	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 21-22

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	ABCD	01/01/2021	01/02/2022	EACH OCCURRENCE \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	Y	Y	ABCD	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y/N	N/A	Y	ABCD	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
								E.L. EACH ACCIDENT \$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
								E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Motor Truck Cargo			ABCD	01/01/2021	01/01/2022	\$100,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Lohi Logistics, LLC is listed as Addtiional Insured on the GL and Auto policies where required by written contract.  
Waiver of Subrogation is in favor of the Additional Insureds on the GL, Auto and WC policies where required by written contract.  
Motor Truck Cargo Coverage must show evidence of Loss Payee  
Should any of the above described policies be cancelled by the using insurer before expiration date thereof, 30 days written notice (except 10 days for nonpayment of the premium) will be provided to the Certificate Holder.

**CERTIFICATE HOLDER****CANCELLATION**

Lohi Logistics, LLC coiverificationservices@evidentid.com 850 New Bern Rd Ste 201 Dover, DE 19904	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 Signature of authorized Broker/Agent