

SEDWARDS

DATE	(MM/DD/YYYY)
~ 4	10410047

INTESYS-02

ACORD	ERT	IFICATE OF LIA	BILITY INS	SURAN	CE		(MM/DD/YYYY) /31/2017
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY (SURANC	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED	te hoi By th	LDER. THIS IE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to th	e terms and conditions of	the policy, certain	policies may			
v							
PRODUCER Winter-Dent	-	PHONE (A/C, No, Ext): (573) 4			(573)	449-3430	
2700 Forum Blvd Columbia, MO 65203		-	E-MAIL ADDRESS: Certs@Winter-Dent.com				
		-	INSURER(S) AFFORDING COVERAGE				
			INSURER A : Starr In				38318
INSURED		-	INSURER B : Atlantic	: Specialty	Insurance		27154
Inter-Rail Systems Inc.		-	INSURER C :				
PO Box 526 Cape Girardeau, MO 63702		-	INSURER D :				
		-	INSURER E :				
	TIFICA		INSURER F :				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICI	-	TE NUMBER:			REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORE	OF ANY CONTRA	CT OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUE	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR		1000066102171	01/31/2017	01/31/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
X Pollution Liab					MED EXP (Any one person)	\$	5,000 1,000,000
					PERSONAL & ADV INJURY	\$	2,000,000
					GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
A AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ \$	1,000,000
		SISIPCA08360617	01/31/2017	01/31/2018	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
A UMBRELLA LIAB X OCCUR		1000336841171	01/31/2017	01/31/2018	EACH OCCURRENCE	\$	10,000,000
X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	10,000,000
DED X RETENTION\$, 				PER OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					STATUTE		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A				E.L. EACH ACCIDENT	\$	
If yes, describe under					E.L. DISEASE - EA EMPLOYEE		
B Motor Truck Cargo		790-01-25-38-0004	01/31/2017	01/31/2018	E.L. DISEASE - POLICY LIMIT	\$	5,000
B Equipment Floater		790-01-25-38-0004			Leased/Rented Equipm		100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACO	RD 101, Additional Remarks Schedul	e, may be attached if moi	e space is requir	ed)		
			CANCELLATION				
			SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE

THE	EXPIRATION	DATE	THEREOF,	NOTICE	WILL	BE	DELIVERED	IN	
ACCORDANCE WITH THE POLICY PROVISIONS.									

AUTHORIZED REPRESENTATIVE

Susan E. Columbo

SAMPLE

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