

ACORD		CERTIFICATE OF LIABILITY INSURANCE				Date (MM/DD/YY)	
<b>Producer</b> John Smith 4321 Main Street Chicago, IL 60601							
		<b>COMPANIES AFFORDING COVERAGE</b>					
<b>Insured</b> ABC, Inc. 1234 Main Street Chicago, IL 60601		<b>COMPANY A</b> Auto National Ins. Co.					
		<b>COMPANY B</b>					
		<b>COMPANY C</b>					
		<b>COMPANY D</b>					
<b>Coverages</b>							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE	\$	
					PRODUCTS-COMP/OP AGG	\$	
					PERSONAL & ADV INJURY	\$	
					EACH OCCURRENCE	\$	
					FIRE DAMAGE (Any one fire)	\$	
					MED EXP (Any one person)	\$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA 6789-03	12-01-16	12-01-17	COMBINED SINGLE LIMIT	\$ 1,000,000	
					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE	\$	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS		
					EL EACH ACCIDENT	\$	
					EL DISEASE-POLICY LIMIT	\$	
					EL DISEASE-EA EMPLOYEE	\$	
	<b>OTHER</b> Physical Damage	BA 6789-03	12-01-16	12-01-17	Comp Coll	\$5,000 Ded \$5,000 Ded	
<b>DESCRIPTION OF OPERATIONS/LOCATIONS VEHICLES/SPECIAL ITEMS</b> Vanguard Truck Leasing is Loss Payee and Additional insured for any truck leased, rented or supplied as temporary substitute.							
<b>CERTIFICATE HOLDER</b> Vanguard Truck Leasing, LLC Attn: Insurance 703 Ruskin Drive Forest Park, GA 30297				<b>CANCELLATION</b>			
				<b>AUTHORIZED REPRESENTATIVE</b>			
ACORD 25-S (1/95)							