

Insurance Requirements

SUGGESTED COVERAGE & LIMITS OF INSURANCE	Checkmark if Required	Checkmark if Received
<p><b>1. <u>Commercial General Liability:</u></b></p> <p>\$1,000,000 Each Accident            \$2,000,000 General Aggregate            \$2,000,000 Products/Completed Operations Aggregate            \$100,000 Fire Legal Liability            \$5,000 Medical Payments</p> <p><i>Your Freight Broker Company</i> listed as  <b>Additional Insured</b></p>	<p>_____X_____</p> <p>_____X_____</p>	<p>_____</p> <p>_____</p>
<p><b>2. <u>Auto Liability (Including Hired &amp; Non-owned):</u></b></p> <p>\$1,000,000 Each Accident            \$5,000,000 Each Accident for Hazardous Materials</p> <p><i>Your Freight Broker Company</i> listed as <b>Additional Insured</b></p> <p><b>IF THE CERTIFICATE INDICATES SCHEDULED AUTOS OR SCHEDULED DRIVERS, GET A COPY OF THE SCHEDULED AUTOS AND/OR DRIVERS.</b></p>	<p>_____</p> <p>_____</p> <p>_____X_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><b>3. <u>Worker's Compensation Insurance:</u></b></p> <p>Statutory Worker's Compensation</p> <p>Stop Gap Ohio Employer's Liability if Ohio Domiciled Motor Carrier:</p> <p>\$1,000,000 Each Accident            \$1,000,000 Each Employee            \$1,000,000 Policy Limit</p>	<p>_____X_____</p> <p>_____</p> <p>_____X_____</p>	<p>_____</p> <p>_____</p>
<p><b>4. <u>Cargo Legal Liability:</u></b></p> <p>\$100,000 Per Trailer</p> <p><b>Request copy of Carrier's Cargo Coverage/Exclusion Forms            Review to confirm coverages &amp; exclusion concerns.</b></p>	<p>_____X_____</p> <p>_____X_____</p>	<p>_____</p> <p>_____</p>

Date of Insurance Certificate Expiration: \_\_\_\_\_