

PRODUCER
Hudson Insurance Company
3950 Priority Way, South Drive, Ste 200
Indianapolis, IN 46240
Phone (317)582-0073 Fax (866)542-7618
Email: certificate@HudsonInsGroup.com

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A Hudson Insurance Company (NAIC# 25054)

INSURED
Admiral Merchants Motor Freight, Inc.

COMPANY B

COMPANY C

COMPANY D

215 S. 11th Street
Minneapolis, MN 55403

COVERAGES

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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION | LIMITS | |
|---|--|-------------------------------|----------------------------------|-------------------|--|--------------------|
| A | GENERAL LIABILITY | HMU200001-16 | 12/01/2023 | 12/01/2024 | BODILY INJURY OCC | |
| | <input checked="" type="checkbox"/> COMPREHENSIVE FORM | | | | BODILY INJURY AGG | |
| | <input checked="" type="checkbox"/> PREMISES/OPERATIONS | | | | PROPERTY DAMAGE OCC | |
| | <input type="checkbox"/> UNDERGROUND EXPLOSION/COLLAPSE HAZARD | | | | PROPERTY DAMAGE AGG | |
| | <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER | | | | BI/PD COMBINED OCC | \$2,000,000.00 CSL |
| | <input checked="" type="checkbox"/> CONTRACTUAL | | | | BI/PD COMBINED AGG | |
| | <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS | | | | PERSONAL INJURY AGG | |
| | <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE | | | | | |
| <input checked="" type="checkbox"/> PERSONAL INJURY | | | | | | |
| A | AUTOMOBILE LIABILITY | HMU200001-16 | 12/01/2023 | 12/01/2024 | BODILY INJURY (Per person) | |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per accident) | |
| | <input checked="" type="checkbox"/> ALL OWNED AUTOS(Private Pass) | | | | PROPERTY DAMAGE | |
| | <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) | | | | BODILY INJURY PROPERTY DAMAGE COMBINED | \$2,000,000.00 CSL |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| <input type="checkbox"/> GARAGE LIABILITY | | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE | |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS | |
| | <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: | <input type="checkbox"/> INCL | | | OTHER | |
| | | <input type="checkbox"/> EXCL | | | EL EACH ACCIDENT | |
| | | | | | EL DISEASE-POLICY LIMIT | |
| A | Cargo Coverage | HMU200001-16 | 12/01/2023 | 12/01/2024 | \$100,000.00 CSL | |
| A | Trailer Interchange Coverage | HMU200001-16 | 12/01/2023 | 12/01/2024 | \$50,000.00 CSL | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICALS/SPECIAL ITEMS

Cargo liability may be limited by contract, the actual value of the cargo, or 49 USC Section 14706. Cargo coverage applies per truck load only. Should customer not specify value of Cargo to carrier, then release rates shall apply.

CERTIFICATE HOLDER

CANCELLATION

Admiral Merchants Motor Freight, Inc.

215 South 11th Street
Minneapolis, MN 55403

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE;



PRODUCER
Hudson Insurance Company
3950 Priority Way, South Drive, Ste 200
Indianapolis, IN 46240
Phone (317)582-0073 Fax (866)542-7618
Email: certificate@HudsonInsGroup.com

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A Hudson Insurance Company (NAIC# 25054)

INSURED
Admiral Merchants Motor Freight, Inc.

COMPANY B

COMPANY C

COMPANY D

215 S. 11th Street
Minneapolis, MN 55403

COVERAGES

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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION | LIMITS | |
|--------|---|-------------------------------|----------------------------------|-------------------|--|--------------------|
| A | GENERAL LIABILITY | HMU200001-16 | 12/01/2023 | 12/01/2024 | BODILY INJURY OCC | |
| | <input checked="" type="checkbox"/> COMPREHENSIVE FORM | | | | BODILY INJURY AGG | |
| | <input checked="" type="checkbox"/> PREMISES/OPERATIONS | | | | PROPERTY DAMAGE OCC | |
| | <input type="checkbox"/> UNDERGROUND EXPLOSION/COLLAPSE HAZARD | | | | PROPERTY DAMAGE AGG | |
| | <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER | | | | BI/PD COMBINED OCC | \$2,000,000.00 CSL |
| | <input checked="" type="checkbox"/> CONTRACTUAL | | | | BI/PD COMBINED AGG | |
| | <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS | | | | PERSONAL INJURY AGG | |
| | <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE | | | | | |
| | <input checked="" type="checkbox"/> PERSONAL INJURY | | | | | |
| A | AUTOMOBILE LIABILITY | HMU200001-16 | 12/01/2023 | 12/01/2024 | BODILY INJURY (Per person) | |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per accident) | |
| | <input checked="" type="checkbox"/> ALL OWNED AUTOS(Private Pass) | | | | PROPERTY DAMAGE | |
| | <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) | | | | BODILY INJURY PROPERTY DAMAGE COMBINED | \$2,000,000.00 CSL |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE | |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS | |
| | THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: | <input type="checkbox"/> INCL | | | OTHER | |
| | | <input type="checkbox"/> EXCL | | | EL EACH ACCIDENT | |
| | | | | | EL DISEASE-POLICY LIMIT | |
| | | | | | EL DISEASE-EA EMPLOYEE | |
| A | Cargo Coverage | HMU200001-16 | 12/01/2023 | 12/01/2024 | \$100,000.00 CSL | |
| A | Trailer Interchange Coverage | HMU200001-16 | 12/01/2023 | 12/01/2024 | \$50,000.00 CSL | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Cargo liability may be limited by contract, the actual value of the cargo, or 49 USC Section 14706. Cargo coverage applies per truck load only. Should customer not specify value of Cargo to carrier, then release rates shall apply.

CERTIFICATE HOLDER

CANCELLATION

NEW MEXICO TAXATION & REVENUE

MOTOR TRANSPORTATION/PERMIT
P.O. BOX 1028
SANTA FE, NM 87504-1028

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:



MINNESOTA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
25054 Hudson Insurance Company

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
HMU200001-16 12/01/2023 12/01/2024

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
ALL OWNED VEHICLES

AGENCY/COMPANY ISSUING CARD
Hudson Insurance Company
3950 Priority Way South Drive, Ste 200
Indianapolis, IN 46240
800-809-3660

INSURED
Admiral Merchants Motor Freight, Inc.
215 South 11th Street
Minneapolis, MN 55403

SEE IMPORTANT NOTICE ON REVERSE SIDE

MINNESOTA'S NOTICE OF CRIMINAL PENALTIES

A. Every driver, whether or not the owner, shall have in possession at all times when operating a vehicle and shall produce on demand of a peace officer proof of insurance at the time of the demand covering the vehicle being operated. If the driver does not produce the required proof of insurance upon demand of a peace officer, the driver is guilty of a misdemeanor.

B. It is unlawful for any person:

- (1) to issue, to display, or cause or permit to be displayed, or have in possession, an insurance identification card, policy, or written statement knowing or having reason to know that the insurance is not in force or is not in force as to the vehicle in question;
- (2) to alter or make a fictitious insurance identification card, policy, or written statement; and
- (3) to display an altered or fictitious insurance identification card, insurance policy, or written statement knowing or having reason to know that the proof has been altered or is fictitious.

Any person who violates (1), (2) or (3) is guilty of a misdemeanor

C. Every owner of a motor vehicle of a type which is required to be registered or licensed or is principally garaged in this state shall maintain during the period in which operation or insurance or other security covering the vehicle. A person who violates this is guilty of a misdemeanor.