

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/25/2024

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 have ADDITIONAL INSURED provisions or 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).

u	is certificate does not confer rights to	tne c	ertini	cate noider in lieu of such		. ,				
PRO	DUCER			CONTACT Barb Dvorak						
Acrisure LLC						PHONE (A/C, No, Ext): (262) 782-3940 FAX (A/C, No): (262) 782-4198				
P.O	Box 510187			E-MAIL address: bdvorak@acrisure.com						
						IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #
New Berlin WI 53151						INSURER A: West Bend Mutual				15350
INSURED					INSURER B: Travelers Property Casualty					25674
Jung's Trucking Inc dba Jung Express					INSURER C: American Alternative Insurance Company					19720
	Jung Logistics, Inc.					INSURER D:				
201 W. Air Cargo Way #6						INSURER E:				
	Milwaukee		WI 53207			INSURER F:				
CO	/ERAGES CER	TIFIC	ATE I	NUMBER: 24/25 Master A	MBER: 24/25 Master All Lines REVISION NUMBER:				ER:	
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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY						<u> </u>	EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	ence) \$ 300	,000
								MED EXP (Any one person) \$ 10,00		000
Α				0427546		07/28/2024	07/28/2025	PERSONAL & ADV INJ	RSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	GREGATE \$ 2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/O	PAGG \$ 2,00	00,000
	OTHER:								\$	
А	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT \$ 1,00	0,000
	X ANY AUTO			0427546		07/28/2024	07/28/2025	BODILY INJURY (Per p	erson) \$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per a	ccident) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
							MCS90 Endorsem	ent \$ 750	,000	
А	➤ UMBRELLA LIAB ➤ OCCUR	-				07/28/2024	07/28/2025	EACH OCCURRENCE	\$ 2,00	00,000
	EXCESS LIAB CLAIMS-MADE			0427546				AGGREGATE	\$ 2,00	00,000
	DED RETENTION \$ 0								\$	
А	WORKERS COMPENSATION	N/A						➤ PER STATUTE	OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		0430061			07/28/2024	07/28/2025	E.L. EACH ACCIDENT	\$ 500 ₈	,000
	(Mandatory in NH)			0.00001				E.L. DISEASE - EA EMI	PLOYEE \$ 500	,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT \$ 500	,000
В	Motor Truck Cargo				T			Cargo Limit	\$30	0,000
	Company C - ICC Broker Bond			QT6609510L248		07/28/2024	07/28/2025	Bond #2013120089	9	
								Term: 10/01/23-10/	01/24 \$75	,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)			

CERTIFICATI	E HOLDER		CANCELLATION				
	Jung Express 201 W Air Cargo Way		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	201 W All Gargo Way		AUTHORIZED REPRESENTATIVE				
	Milwaukee I	WI 53207	Nicele Cultura				