



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/20/2018

**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).**

|  |   |  |                       |
|--|---|--|-----------------------|
| <b>PRODUCER</b><br>Marsh USA Inc.<br>411 East Wisconsin Avenue<br>Suite 1300<br>Milwaukee, WI 53202<br>Attn: CPU, Phone: (414) 290-4700 Fax: (414) 290-4953<br>011270-STI-no AI-18-19 EVID | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No. Ext):</b>    |  | <b>FAX (A/C, No):</b> |
|  | <b>E-MAIL ADDRESS:</b>                                  |  |                       |
| <b>INSURED</b><br>Schneider Transport, Inc.<br>2661 S. Broadway<br>PO Box 2298<br>Green Bay, WI 54306-2298   | <b>INSURER(S) AFFORDING COVERAGE</b>                    |  | <b>NAIC #</b>         |
|  | <b>INSURER A :</b> Old Republic Insurance Company       |  | 24147                 |
|  | <b>INSURER B :</b> General Insurance Company of America |  | 24732                 |
|  | <b>INSURER C :</b>                                      |  |                       |
|  | <b>INSURER D :</b>                                      |  |                       |
| <b>INSURER E :</b>   |   |  |                       |
| <b>INSURER F :</b>   |   |  |                       |

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-007276171-61                      **REVISION NUMBER:**

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |              |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|--------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><br><input type="checkbox"/> OTHER: |           |          | MWZY 312856   | 03/01/2018              | 03/01/2019              | EACH OCCURRENCE  | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | \$           |
|          |   |           |          |               |                         |                         | MED EXP (Any one person)   | \$           |
|          |   |           |          |               |                         |                         | PERSONAL & ADV INJURY  | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | GENERAL AGGREGATE  | \$ 2,000,000 |
|          |   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG   | \$ 2,000,000 |
|          |   |           |          |               |                         |                         |  | \$           |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> OTHER:                                |           |          | 5776819       | 03/01/2018              | 03/01/2019              | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person)   | \$           |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident)   | \$           |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)   | \$           |
|          |   |           |          |               |                         |                         |  | \$           |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE  | \$           |
|          |   |           |          |               |                         |                         | AGGREGATE  | \$           |
|          |   |           |          |               |                         |                         |  | \$           |
| A        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | MWC 312853 00 | 03/01/2018              | 03/01/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |              |
| A        |   |           |          | MWXS 312855   | 03/01/2018              | 03/01/2019              | E.L. EACH ACCIDENT   | \$ 1,000,000 |
| A        |   |           |          | MWWEX 309866  | 03/01/2018              | 03/01/2019              | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000 |
|          |   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000 |
| A        | Cargo   |           |          | MWE 312857    | 03/01/2018              | 03/01/2019              | Limit  | 100,000      |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
General Insurance Company of America has issued a Bond of Financial Responsibility #5776819 guaranteeing payment of Auto Liability claims in the amount and limits set forth on this certificate.

Schneider National, Inc. or certain of its subsidiaries are Qualified Self-Insureds in CA, KY, LA, MO, NV, OH, and WI. Workers' Compensation policy number MWXS 312855 (for CA, KY, LA, MO, NV and OH) and policy number MWWEX 309866 (for WI) provides statutory Workers' Compensation insurance coverage excess of their approved Self Insured Retention amount of \$500,000 in these states.

**CERTIFICATE HOLDER**                      **CANCELLATION**

|  |  |
|--|--|
| Schneider Transport, Inc.<br>2661 S. Broadway<br>PO Box 2298<br>Green Bay, WI 54306-2298 | <p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b><br/>of Marsh USA Inc.</p> <p><i>Manoohi Mulkenjee</i></p> |
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