

CERTIFICATE OF LIABILITY INSURANCE

ISSUING DATE (MM/DD/YYYY)

03/22/2024

THIS CERTIFICATE ISSUED IS FOR INFORMATION PURPOSES ONLY. IT PROVIDES NO RIGHTS TO THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER OR EXTEND COVERAGE PROVIDED BY THE POLICIES LISTED BELOW. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE CARRIER AFFORDING COVERAGE AND THE CERTIFICATE HOLDER.

A STATEMENT ON THIS CERTIFICATE DOES NOT PROVIDE RIGHTS TO THE CERTIFICATE HOLDER FOR THE FOLLOWING UNLESS THE APPLICABLE ENDORSEMENTS ARE ATTACHED TO THE POLICY(IES) LISTED BELOW

ADDITIONAL INSURED/ALTERNATE EMPLOYER/WAIVER OF SUBROGATION/PRIMARY & NON-CONTRIBUTORY/NOTICE OF CANCELLATION: THE POLICY(IES) MUST HAVE THE NECESSARY ENDORSEMENT(S) TO MODIFY TERMS AND CONDITIONS.

INSURED: Clear Employer Services LLC L/C/F US Logistics Inc See Additional Remarks Schedule 2080 Cabot Blvd Ste 202 Langhorne, PA 19047	INSURANCE CARRIER AFFORDING COVERAGE:	NAIC #
	GENERAL LIABILITY:	
	AUTO LIABILITY:	New Jersey Manufacturers Insurance Company 12122
	UMBRELLA LIABILITY:	
	WORKERS COMP:	New Jersey Manufacturers Insurance Company 12122


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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY) - (MM/DD/YYYY)	LIMITS OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE GENERAL AGGREGATE LIMIT APPLIES: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Each Occurrence) \$ MED EXP (Any One Person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODS - COMP/OPS AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	1102618709 CAGM	04/01/2023 - 04/01/2024	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$
UMBRELLA LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$			EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/MEMBER EXCLUDED?	W390617	12/26/2023 - 12/26/2024	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE-EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE-POLICY LIMIT \$ 1,000,000 PER STATUTE NJ

SEE ATTACHED ADDITIONAL REMARKS SCHEDULE FOR DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

CERTIFICATE HOLDER US Logistics Inc 350 Benigno Blvd Bellmawr, NJ 08031-2512	ADDITIONAL INSURED (IF APPLICABLE) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">ADDL INSURED OR ALTERNATE EMPLOYER</th> <th style="width: 33%;">WAIVER OF SUBROGATION</th> <th style="width: 34%;">PRIMARY & NON-CONTRIBUTORY</th> </tr> <tr> <td><input type="checkbox"/> CGL</td> <td><input type="checkbox"/> CGL</td> <td><input type="checkbox"/> CGL</td> </tr> <tr> <td><input type="checkbox"/> AUTO</td> <td><input type="checkbox"/> AUTO</td> <td><input type="checkbox"/> AUTO</td> </tr> <tr> <td><input type="checkbox"/> WC (ALT. EMPLOYER)</td> <td><input type="checkbox"/> WC</td> <td>N/A WC</td> </tr> <tr> <td><input type="checkbox"/> UMB</td> <td><input type="checkbox"/> UMB</td> <td><input type="checkbox"/> UMB NON-CONTRIB</td> </tr> </table>	ADDL INSURED OR ALTERNATE EMPLOYER	WAIVER OF SUBROGATION	PRIMARY & NON-CONTRIBUTORY	<input type="checkbox"/> CGL	<input type="checkbox"/> CGL	<input type="checkbox"/> CGL	<input type="checkbox"/> AUTO	<input type="checkbox"/> AUTO	<input type="checkbox"/> AUTO	<input type="checkbox"/> WC (ALT. EMPLOYER)	<input type="checkbox"/> WC	N/A WC	<input type="checkbox"/> UMB	<input type="checkbox"/> UMB	<input type="checkbox"/> UMB NON-CONTRIB
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<input type="checkbox"/> UMB	<input type="checkbox"/> UMB	<input type="checkbox"/> UMB NON-CONTRIB														

CANCELLATION
 SHOULD ANY OF THE ABOVE CAPTIONED POLICIES BE CANCELLED, EITHER BY REQUEST OF THE INSURED OR CARRIER, PRIOR TO THE EXPIRATION DATE, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY TERMS, CONDITIONS & PROVISIONS


 AUTHORIZED REPRESENTATIVE

ADDITIONAL REMARKS SCHEDULE

INSURED: Clear Employer Services LLC L/C/F US Logistics Inc 2080 Cabot Blvd Ste 202 Langhorne, PA 19047	INSURANCE CARRIER AFFORDING COVERAGE:	NAIC #
	GENERAL LIABILITY:	
	AUTO LIABILITY:	New Jersey Manufacturers Insurance Company 12122
	UMBRELLA LIABILITY:	
	WORKERS COMP:	New Jersey Manufacturers Insurance Company 12122

SCHEDULE OF NAMED INSURED(S):

POLICY NUMBER	LINE OF BUSINESS	NAMED INSURED
	Commercial General Liability	
1102618709	Automobile Liability	US Logistics LLC, Jersey Cartage LLC
	Umbrella Liability	
W390617	Workers Compensation And Employers' Liability	US Logistics Inc, Jersey Cartage LLC, Clear Employer Services LLC L/C/F US Logistics Inc

ADDITIONAL REMARKS: