



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/17/2017

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 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).

PRODUCER MARSH USA, INC. 1000 RIDGEWAY LOOP ROAD MEMPHIS, TN 38120 Attn: CKincaid 9016843667/carol.a.kincaid@marsh.com 103054409-Genco-GAWU-16-17	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Union Fire Ins. Co.</td> <td>19445</td> </tr> <tr> <td>INSURER B : Indemnity Ins Co Of North America</td> <td>43575</td> </tr> <tr> <td>INSURER C : Protective Insurance Company</td> <td>12416</td> </tr> <tr> <td>INSURER D : North American Elite Insurance Company</td> <td>29700</td> </tr> <tr> <td>INSURER E : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER F : Agri General Insurance Company</td> <td>42757</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Ins. Co.	19445	INSURER B : Indemnity Ins Co Of North America	43575	INSURER C : Protective Insurance Company	12416	INSURER D : North American Elite Insurance Company	29700	INSURER E : ACE American Insurance Company	22667	INSURER F : Agri General Insurance Company	42757
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : National Union Fire Ins. Co.	19445														
INSURER B : Indemnity Ins Co Of North America	43575														
INSURER C : Protective Insurance Company	12416														
INSURER D : North American Elite Insurance Company	29700														
INSURER E : ACE American Insurance Company	22667														
INSURER F : Agri General Insurance Company	42757														

COVERAGES **CERTIFICATE NUMBER:** ATL-003915305-12 **REVISION NUMBER:** 2

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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL3796729	10/01/2016	10/01/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 15,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 SIR \$ 100,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PX1670-16 Comp/Collision - Autos - \$1,000 Ded Comp/Collision - Tractor - \$2,500 Ded	10/01/2016	10/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000			UMB200031902	10/01/2016	10/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLRC49102185 (AOS)	10/01/2016	10/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
E	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N N	WLRC49102161 (AZ, CA)	10/01/2016	10/01/2017	E.L. EACH ACCIDENT \$ 5,000,000
F	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WLRC49102197 (TN)	10/01/2016	10/01/2017	E.L. DISEASE - EA EMPLOYEE \$ 5,000,000
G				SCFC49102173 (WI)	10/01/2016	10/01/2017	E.L. DISEASE - POLICY LIMIT \$ 5,000,000
E	Excess Workers Compensation & Employers Liability			WCUC49102203	10/01/2016	10/01/2017	Statutory Workers Comp STATUTORY Employers Liability SEE 2ND PAGE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 EVIDENCE OF COVERAGE

CERTIFICATE HOLDER

CANCELLATION

FedEx Supply Chain Transportation Management, LLC 700 Cranberry Woods Drive Cranberry township, PA 16066	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Hunter Jones </p>
--	--



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, INC.		NAMED INSURED FedEx Supply Chain Distribution System Inc. 700 Cranberry Woods Drive Cranberry Township, PA 16066	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSURERS AFFORDING COVERAGE/NAIC #
 INSURER G: ACE Fire Underwriters Co (20702)

Excess Workers' Compensation:

Policy: WCUC49102203
 Carrier: ACE American Ins. Co.
 Effective Date: 10/01/2016
 Expiration Date: 10/01/2017
 Covers : Ohio
 Retention:
 Part One - Workers Compensation, Part Two - Employers' Liability
 Each Accident \$450,000
 Each Employee for Disease \$450,000