



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2017

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.

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.

PRODUCER: Dwight W. Andrus Insurance, Inc. 500 Dover Blvd. Ste. 110 Lafayette, LA 70503
CONTACT NAME:
PHONE (A/C, No, Ext): (337) 981-7300 FAX (A/C, No): (337) 984-2166
E-MAIL ADDRESS: customerservice@andrus.com
INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Indian Harbor Insurance Co. 36940
INSURER B: XL Specialty Insurance Co. 37885
INSURER C: Accident Fund General Ins. Co 12304
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

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

CERTIFICATE HOLDER CANCELLATION
INSURED'S COPY
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

AGENCY Dwight W. Andrus Insurance, Inc.		NAMED INSURED Fairway Transport, LLC P.O. Box 11707 New Iberia, LA 70562	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Additional Info**Addendum to Certificate of Insurance**

Any information contained in this Addendum is general and descriptive only. The Certificate of Insurance and this Addendum may not contain descriptions of any or all operations, locations, vehicles or exclusions. Please see policy forms and endorsements for specific coverages and exclusions.

Actual Policy Forms & Endorsements Are Available Upon Request For Review

General Liability Endorsements:

- Additional Insured-Designated Person or Organization: Where Required by Written Contract, Agreement or Permit Form. Such insurance as is afforded to additional insureds shall be primary and non-contributory with any other insurance available to the additional insureds if required by written contract., form #CG 20 26 04 13
- Waiver of Transfer of Rights of Recovery Against Others to Us: Where Required by Written Contract or Agreement excuted prior to Loss, Form #CG 24 04 05 09

Automobile Liability Endorsements:

- Automatic Additional Insured-Who is an Insured is amended to Include as an Insured any person or organization you are required in a written contract to name as additional insured; Form #XIC 411 1013
- Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation): Any Person or Organization that you are required in a Written Contract or Written Agreement to Waive any Right of Recovery we may have against the person or organization, provided the bodily injury or property damage occurs subsequent to the execution of the written contract of written agreement;Form #CA 04 44 10 13
- Pollution Liability-Broadened Coverage for Covered Autos-Business Auto and Motor Carrier Coverage Forms; Form #CA 99 48 10 13

Workers Compensation Endorsements:

- Longshore and Harbor Workers' Compensation Act Coverage Endorsement, form WC 00 01 06 A (Ed. 4-92)
- Outer Continental Shelf Lands Act Endorsement, form WC 00 01 09 C (Ed. 01-15)
- Waiver of Our Right to Recover from Others Endorsement: Any person or organization that you perform work for that is liable for an injury, covered by this policy, that priorto the injury has written contract requiring a waiver of our right to recover from them., form WC 00 03 13 (Ed. 4-84)

Umbrella Liability Endorsements:

- Commercial Excess Follow Form and Umbrella Liability Policy



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER License # 231432
Hub International Gulf South
11100 Mead Road, Suite 300
Baton Rouge, LA 70816
CONTACT NAME: David Alligood
PHONE (A/C, No, Ext): (225) 218-2410
FAX (A/C, No):
E-MAIL ADDRESS: david.alligood@hubinternational.com
INSURER(S) AFFORDING COVERAGE
INSURER A: International Insurance Company of Hannover SE
INSURER B: Markel American Insurance Company
INSURER C:
INSURER D:
INSURER E:
INSURER F:
INSURED
Fairway Transport, LLC
2901 Moss Street
Lafayette, LA 70501
NAIC # 28932

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
MTC Deductible: \$5,000; except, \$10,000 as respects Property in Terminals. Motor Truck Cargo Policy has Trailer Bailee Coverage for non-owned trailers with a limit of \$150,000

Auto Physical Damage deductible: \$1,000 per vehicle per occurrence.

CERTIFICATE HOLDER

CANCELLATION

Fairway Transport, LLC
2901 Moss St.
Lafayette, LA 70501
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
[Signature]