

## CERTIFICATE OF LIABILITY INSURANCE

MULTMOD-01

DATE (MM/DD/YYYY)	
5/20/2022	

					JOUNAN		5/	30/2023
CE BE	IIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVELY C SURANC	R NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTEND OR	ALTER THE C	OVERAGE AFFORDED	BY TH	E POLICIES
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje- is certificate does not confer rights t	ct to the	e terms and conditions of	the policy, certa	ain policies ma			
	DUCER			CONTACT NAME:				
	noke Insurance Group NY Madison Ave, 20th Floor			PHONE (A/C, No, Ext): (212) 747-1800				747-1948
	York, NY 10017			ADDRESS:				
					NAIC #			
				INSURER A : LIOY	15792			
INSUF	RED			INSURER B :				
	Multi-Mode Logistics, LLC			INSURER C :				
	PO Box 1024 East Windsor, CT 06088			INSURER D :				
				INSURER E :				
201	/ERAGES CER	TIEICAT	E NUMBER:	INSURER F :		REVISION NUMBER:		
TH INI CE EX	IIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	ES OF IN EQUIREN PERTAIN POLICIES	SURANCE LISTED BELOW MENT, TERM OR CONDITIO N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	N OF ANY CON DED BY THE PC	FRACT OR OTHE DLICIES DESCRI BY PAID CLAIMS	IRED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUB	R POLICY NUMBER	POLICY E (MM/DD/YY	FF POLICY EXP YY) (MM/DD/YYYY	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	
						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
						PRODUCTS - COMP/OP AGG	\$	
	OTHER:					COMBINED SINGLE LIMIT	\$	
						(Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
ł	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					BODILY INJURY (Per accident) PROPERTY DAMAGE		
						(Per accident)	\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ \$	
ŀ	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
Ī	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
		N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below Warehouse Storage		RIGTAP02220003	5/1/202	2 5/1/2023	E.L. DISEASE - POLICY LIMIT	\$	100,00
	Cargo Legal Liab		01RIOM0000395-00	5/1/202		Limit		1,000,00
Ware 3 Cho Limit Dedu 92 Th	RIPTION OF OPERATIONS / LOCATIONS / VEHIC house Storage per location: bice Road, Windsor Locks, CT 06096 : \$2,000,000 ictible: \$2,500 homas Street East, Hartford, CT 06108	LES (ACOR	2D 101, Additional Remarks Schedu	ule, may be attached i	f more space is requ	ired)		
	ATTACHED ACORD 101			CANCELLATI	ON			
Multi-Mode Logistics, LLC PO Box 1024 East Windsor, CT 06088				SHOULD ANY THE EXPIRA ACCORDANCI	OF THE ABOVE TION DATE T E WITH THE POL	DESCRIBED POLICIES BE CA HEREOF, NOTICE WILL ICY PROVISIONS.		
				AUTHORIZED REPRESENTATIVE				

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With

AGENCY	CUSTOMER ID: MULTMOD-01
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LOC #:

Page 1 of 1

AGENCY		NAMED INSURED Multi-Mode Logistics, LLC PO Box 1024 East Windsor, CT 06088							
Roanoke Insurance Group NY									
POLICY NUMBER									
SEE PAGE 1									
CARRIER	NAIC CODE								
SEE PAGE 1	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									
Description of Operational Asstignations									

Description of Operations/Locations/Vehicles: Limit: \$1,000,000 Deductible: \$2,500

495 North Street, Windsor Locks, CT 06096 Limit: \$1,000,000 Deductible: \$2,500

225 Prospect Street, East Hartford, CT 06108 Limit: \$1,000,000 Deductible: \$2,500

295 Ella Grasso Turnpike, Windsor Lock, CT 06096 Limit: \$1,000,000 Deductible: \$2,500

80 King Spring Road, Windsor Locks, CT 06096 Limit: \$250,000 Deductible: \$2,500

53 Manning Road, Enfield, CT 06082 Limit: \$1,000,000 Deductible: \$2,500