



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/10/2020
---------------------------------

**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> Marsh USA, Inc. 4400 Comerica Bank Tower 1717 Main Street Dallas, TX 75201-7357 Attn: dallas.certs@marsh.com CN102368646-15-RRG-20-21	<table border="1" style="width: 100%;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Linda Cooper</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 813-569-7291</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> lcooper@qualitydistribution.com</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A :</b> Old Republic Insurance Company</td> <td style="text-align: center;">24147</td> </tr> <tr> <td><b>INSURER B :</b> Bay Insurance Risk Retention Group, Inc.</td> <td style="text-align: center;">15582</td> </tr> <tr> <td><b>INSURER C :</b> Allianz Underwriters Ins Co</td> <td style="text-align: center;">36420</td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Linda Cooper		<b>PHONE (A/C, No, Ext):</b> 813-569-7291	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> lcooper@qualitydistribution.com		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Old Republic Insurance Company	24147	<b>INSURER B :</b> Bay Insurance Risk Retention Group, Inc.	15582	<b>INSURER C :</b> Allianz Underwriters Ins Co	36420	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
<b>CONTACT NAME:</b> Linda Cooper																					
<b>PHONE (A/C, No, Ext):</b> 813-569-7291	<b>FAX (A/C, No):</b>																				
<b>E-MAIL ADDRESS:</b> lcooper@qualitydistribution.com																					
INSURER(S) AFFORDING COVERAGE	NAIC #																				
<b>INSURER A :</b> Old Republic Insurance Company	24147																				
<b>INSURER B :</b> Bay Insurance Risk Retention Group, Inc.	15582																				
<b>INSURER C :</b> Allianz Underwriters Ins Co	36420																				
<b>INSURER D :</b>																					
<b>INSURER E :</b>																					
<b>INSURER F :</b>																					
<b>INSURED</b> Quality Carriers, Inc. See attached listing of Named Insureds 1208 East Kennedy Blvd. Suite 132 Tampa, FL 33602																					

**COVERAGES** **CERTIFICATE NUMBER:** HOU-003450218-08 **REVISION NUMBER:** 3

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"/> COMMERCIAL GENERAL LIABILITY			MWZY 314072-20	09/15/2020	09/15/2021	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 7,500,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
B	<b>AUTOMOBILE LIABILITY</b>			BI-MCL-100 2020	09/15/2020	09/15/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO			CTB 314071-20 (Canada)	09/15/2020	09/15/2021	BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			Includes MCS90/ Trailer Interchange \$50K			BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			U5Z000017180 XS Auto (\$8M xs \$2M)	09/15/2020	09/15/2021	EACH OCCURRENCE	\$ 8,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
								\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	MWC 314070-20	09/15/2020	09/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Motor Truck Cargo			MWE 314068-20	09/15/2020	09/15/2021	Per Occurrence/Conveyance	250,000

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

<b>CERTIFICATE HOLDER</b> Quality Carriers, Inc. 1208 East Kennedy Blvd, Suite 132 Tampa, FL 33602	<b>CANCELLATION</b> <p style="text-align: center;"><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> <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. <div style="text-align: right; margin-top: 10px;"><i>Manashi Mukherjee</i></div>
---	---



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA, Inc.		<b>NAMED INSURED</b> Quality Carriers, Inc. See attached listing of Named Insureds 1208 East Kennedy Blvd. Suite 132 Tampa, FL 33602	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

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

The above Canadian Auto Liability policy was placed by Marsh Canada Limited. Marsh USA, Inc. has only acted in the role of a consultant to the placements, which are indicated here for your convenience.

Named Insureds Includes:

- Quality Carriers, Inc.
- Quality Distribution, Inc.
- Chemical Leaman Corporation
- QC Dry Bulk, LLC
- QC Energy Resources, Inc. dba QC Energy Resources
- QC Energy Resources, LLC dba QC Energy Resources
- QC Energy Resources Northwest, LLC dba QC Energy Resources
- QC Energy Resources Texas, LLC dba QC Energy Resources
- QC Energy Resources of PA
- QC Environmental Services, Inc.
- Quala Systems, Inc.
- Quality Bulk Logistics, LLC
- QC Energy Logistics, LLC