

Service Date
June 12 1991

Decision

MC 186420

David Taylor

d/b/a Midwestern Transit Service

Mt Vernon, IL

Renamed

Midwestern Transit Service, Inc.

Mt Vernon, IL

Decided June 7, 1991

On June 5, 1991 applicant filed a request to have the
Commission's records changed to reflect a name change.

It is ordered:

The Commission's records are amended to reflect the carrier's name as
MIDWESTERN TRANSIT SERVICE, INC.

If it has not already done so, the carrier must amend (1) its insurance coverage for the protection
of the public, (2) its designation of agents upon whom process may be served, and (3) its tariffs of
schedule to reflect the new name.

By the Commission.

Sidney L. Strickland, Jr.
Secretary

(SEAL)

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Broker's or Freight Forwarder's Surety Bond under 49 U.S.C. 13906

FORM BMC-84

Bond No. - 14156

Filer FMCSA Account Number: 28318

License No. MC- 186420

KNOW ALL MEN BY THESE PRESENTS, that we,

MIDWESTERN TRANSIT SERVICE, INC.

of 4367 E Seaurd Road, Ashley, IL 62808

(Name of Broker or Freight Forwarder)

(City)

(State)

(Zip)

as PRINCIPAL (hereinafter called Principal), and Southwest Marine and General Insurance Company

(Name of Surety)

a corporation, or a Risk Retention Group established under the Liability Risk Retention Act of 1986, Pub. L. 99-563, created and existing

under the laws of the State of Arizona (hereinafter called Surety), are held and firmly bound unto the United States of

America in the sum of \$ 5250,000 for a broker or freight forwarder, for which payment, well and truly to be made, we bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal is or intends to become a Broker or Freight Forwarder pursuant to the provisions of Title 49 U.S.C. 13904, and the rules and regulations of the Federal Motor Carrier Safety Administration relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Federal Motor Carrier Safety Administration such a bond as will ensure financial responsibility and the supplying of transportation subject to the ICC Termination Act of 1995 in accordance with contracts, agreements, or arrangements therefore, and

WHEREAS, this bond is written to assure compliance by the Principal as either a licensed Broker or a licensed Freight Forwarder of Transportation by motor vehicle with 49 U.S.C. 13906(b); and the rules and regulations of the Federal Motor Carrier Safety Administration, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Principal may be legally liable for any of the damages herein described.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to motor carriers or shippers by motor vehicle any sum or sums for which the Principal may be held legally liable by reason of the Principal's failure faithfully to perform, fulfill, and carry out all contracts, agreements, undertakings, or arrangements made by the Principal while this bond is in effect for the supplying of transportation subject to the ICC Termination Act of 1995 under license issued to the Principal by the Federal Motor Carrier Safety Administration, then this obligation shall be void, otherwise to remain in full force and effect.

The liability of the Surety shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penalty of the bond, but in no event shall the Surety's obligation hereunder exceed the amount of said penalty. The Surety agrees to furnish written notice to the Federal Motor Carrier Safety Administration forthwith of all suits filed, judgements rendered, and payments made by said Surety under this bond.

This bond is effective the 18th day of December 2015 12:01 a.m., standard time at the address of the Principal as stated herein and shall continue in force until terminated as hereinafter provided. The Principal or the Surety may at any time cancel this bond by written notice to the Federal Motor Carrier Safety Administration at its office in Washington, DC, such cancellation to become effective thirty (30) days after actual receipt of said notice by the FMCSA on the prescribed Form BMC-36, Notice of Cancellation Motor Carrier and Broker Surety Bond. The Surety shall not be liable hereunder for the payment of any damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Principal for the supplying of transportation after the termination of this bond as herein provided, but such termination shall not affect the liability of the Surety hereunder for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Principal for the supplying of transportation prior to the date such termination becomes effective.

The receipt of this filing by the FMCSA certifies that a Broker Surety Bond has been issued by the company identified above, and that such company is qualified to make this filing under Section 387.315 of Title 49 of the Code of Federal Regulations.

Falsification of this document can result in criminal penalties prescribed under 18 U.S.C. 1001

IN WITNESS WHEREOF, the said Principal and Surety have executed this instrument on the 7th day of December 2015

PRINCIPAL

MIDWESTERN TRANSIT SERVICE, INC.

COMPANY NAME

4367 E Seurat Road

Ashley

STREET ADDRESS

CITY

IL

62808

018-735-2233

STATE

ZIP CODE

TELEPHONE NUMBER

David Taylor, President

(type or print Principal officer's name and title)

David Taylor

(Principal officer's signature)

Robin E. Bethard

(type or print witness's name)

Robin E. Bethard

(witness signature)

SURETY

Bond No. 14156

Southwest Marine and General Insurance Company

COMPANY NAME

150 Northwest Point Blvd, 2nd FLR

Elk Grove Village

STREET ADDRESS

CITY

Illinois

60007

847-700-8098

STATE

ZIP CODE

TELEPHONE NUMBER

Lisa Gelsonino, Attorney in Fact

(type or print Principal officer's name and title)

Lisa Gelsonino

(Principal officer's signature)

Gabriela Graver, Surety Underwriting Manager

(type or print witness's name)

Gabriela Graver

(witness signature)



**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: AVALSMG
TRANSMISSION NUMBER: WEB89917
TRANSMITTED ON: 12/07/2015 09:39:46
COMPANY NAME: SOUTHWEST MARINE AND GENERAL INSURANCE COMPAN
SUBMITTED BY: SOUTHWEST MARINE AND GENERAL INSURANCE COMPAN (28318-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-186420	BMC-84/SURETY	14156	12/18/2015	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: MIDWESTERN TRANSIT SERVICE, INC.
Address: 4367 E SEURAT ROAD
ASHLEY IL US 62808

91X Coverage(Type/Max/Underlying):

Total: 1

Brokers License No. 107621 MC-B

Trust No. 436-186420

ILLINOIS COMMERCE COMMISSION
527 EAST CAPITOL AVENUE
SPRINGFIELD, IL 62701

RECEIVED
FEB - 1 2007
ILCC
INSURANCE UNIT

BROKER'S TRUST FUND AGREEMENT
(Pursuant to 625 ILCS 5/18c-5105)

KNOW ALL MEN BY THESE PRESENTS, that we (full legal name and trade name) Midwestern Transit Service, Inc. of (city) Ashley (state) IL, as Trustor (hereinafter called Trustor), and (financial institution name) U.S. BANK, N.A. of (city) Philadelphia (state) PA, a trust company created and existing under the laws of California, as Trustee (hereinafter called Trustee) hold and firmly bind ourselves and our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Trustor is or intends to become a Broker pursuant to the provisions of the Illinois Commercial Transportation Law, and the rules and regulations of the Illinois Commerce Commission relating to insurance or other security for the protection of motor carriers and shippers, and has elected to file with the Illinois Commerce Commission such a Trust Fund Agreement as will ensure financial responsibility and the supplying of transportation subject to said Act in accordance with contracts, agreements or arrangements therefore, and

WHEREAS, this Trust Fund Agreement is written to assure compliance by the Trustor as a licensed Property Broker of Transportation by motor vehicle as provided for in various sections of the Illinois Commercial Transportation Law, and the rules and regulations of the Illinois Commerce Commission, relating to insurance or other security for the protection of motor carriers and shippers, and shall inure to the benefit of any and all motor carriers or shippers to whom the Trustor may be legally liable for any of the damages herein described,

NOW, THEREFORE, the Trustor and Trustee, to accomplish the above, agree as follows:

1. Trustee agrees that payments made pursuant to this Agreement will be made exclusively and directly to shippers or motor carriers that are parties to contracts, agreements or arrangements with Trustor.
2. Trustee agrees that the protection afforded to shippers and motor carriers hereby will continue until any and all claims made by shippers or motor carriers for which Trustor may be legally liable have been settled or until the funds deposited by Trustor pursuant to this Agreement have been exhausted, whichever comes first.
3. The parties hereto acknowledge and certify that said Trustee shall exclusively manage the security and trust fund, as herein set forth, and shall have legal title to the security and trust fund, pursuant to the terms and conditions as set forth in this Agreement. Further, the parties hereto, and the said Trustee, as evidenced by their signatures to this agreement, acknowledge and certify that (a) said Trustee, neither has nor expects to have any interest, financial, proprietary, or otherwise, whatsoever, in Trustor; and (b) said Trustor, neither has nor expects to have any interest, financial, proprietary, or otherwise, whatsoever, in Trustee.
4. Trustee acknowledges the receipt of the sum of Ten Thousand Dollars (\$10,000.00), to be held in trust under the terms and conditions set forth herein.
5. Trustee may, within its sole discretion, invest the funds comprising the corpus of this trust fund consistent with its fiduciary obligation under applicable law.
6. Trustee shall pay, up to a limit of Ten Thousand Dollars (\$10,000.00), directly to a shipper or motor carrier any sum or sums which Trustee, in good faith, determines that the Trustor has failed to pay and would be legally liable by reason of Trustor's failure to perform faithfully its contracts, agreements or arrangements for transportation by authorized motor carriers, made by Trustor while this agreement is in effect, regardless of the financial responsibility or lack thereof, or the solvency or bankruptcy, of Trustor.
7. In the event that the trust fund is drawn upon and the corpus of the trust fund is a sum less than Ten Thousand Dollars (\$10,000.00), Trustor shall, within thirty (30) days, replenish the trust fund up to Ten Thousand Dollars.

- (\$10,000.00) by paying to the Trustee a sum equal to the difference between the existing corpus of the trust fund and Ten Thousand Dollars (\$10,000.00).
8. Trustee shall immediately give written notice to the Illinois Commerce Commission of all lawsuits filed, judgments rendered, and payments made under this trust agreement and of any failure by Trustor to replenish the trust fund as required herein.
 9. This agreement may be cancelled at any time upon thirty (30) days written notice by either the Trustee or Trustor to the Illinois Commerce Commission with a concurrent copy of the other. The thirty (30) day notice period shall commence upon actual receipt of a copy of the notice of cancellation at the Illinois Commerce Commission's Springfield office. The Trustee and/or Trustor specifically agrees to file such written notice of cancellation.
 10. All sums due the Trustee as a result, directly or indirectly, of the administration of the trust fund under this agreement shall be paid directly by Trustor and in no event shall said sums be paid from the corpus of the trust fund herein established.
 11. Trustee shall maintain a record of all financial transactions concerning the Fund, which will be available to Trustor upon request and reasonable notice and to the Commission upon request.
 12. This agreement shall be governed by the laws of the State of Illinois.

This trust fund agreement is effective the 22nd day of January, 2007, 12:01 a.m. standard time at the address of the Trustor as stated herein and shall continue in force until terminated as herein provided.

Trustee shall not be liable for payments of any of the damages herein before described which arise as the result of any contracts, agreements, undertakings, or arrangements made by the Trustor for the supplying of transportation after the cancellation of this Agreement, as herein provided, but such cancellation shall not affect the liability of the Trustee for the payment of any such damages arising as the result of contracts, agreements, or arrangements made by the Trustor for the supplying of transportation prior to the date such cancellation becomes effective provided written notice of a claim arising therefrom is received by Trustee before such effective date.

IN WITNESS WHEREOF, the said Trustor and Trustee have executed this instrument on the 16th day of January, 2007.

TRUSTOR
MIDWESTERN TRANSIT SERVICE, INC.
Full Legal Name

Trade Name
4367 East Seurat Road
Street Address
Ashley, IL 62808
City, State and Zip Code
(618) 735-2233
Telephone Number
By (Signature and Title) David Taylor
Witness

TRUSTEE
U.S. BANK, N.A.
c/o TIA Services, Inc.
Trust Administrator
Financial Institution

2650 Lake Sahara Drive #200
Las Vegas, NV 89117
P.O. Box 81860
Las Vegas, NV 89180
Street Address
City, State and Zip Code
(888) 231-4453
Telephone Number
By (Signature and Title) Gregory Gamble
Witness David P. Carney
Trust Administrator

F:\everyone\forms\brokers trust fund agreement form.doc



File Number 5638-543-2



To all to whom these presents shall come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,

do hereby certify that MIDWESTERN TRANSIT SERVICE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MAY 13, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois this 11TH
day of JANUARY A.D. 1991

George H. Ryan
SECRETARY OF STATE

STATE OF ILLINOIS
ILLINOIS COMMERCE COMMISSION
Transportation Division

MOTOR CARRIER OF PROPERTY BROKER LICENSE

Midwestern Transit Service, Inc.
(an Illinois corporation)
Rural Route #1, Box 98
Ashley, IL 62808

License Number:

107621 MC-B

Pursuant to Section 180-5102 of the Illinois Commercial Transportation Law, the above-named Broker is hereby issued a Broker License.

The privilege conveyed by this license is conditioned upon compliance with any terms stated herein, as well as upon compliance with applicable provisions of the Law and regulations or orders adopted thereunder, as the same now exist of may hereafter be adopted or amended. Failure to do so may result in imposition of criminal and civil sanctions, as well as suspension or revocation of the license.

ILLINOIS COMMERCE COMMISSION

By:

Joseph H. O'Leary

Director of Review and Examination

Date:

February 15, 1994

CC309/54b



June 02, 2022

DAVID TAYLOR
MIDWESTERN TRANSIT SERVICE INC
4367 E SEURAT RD
ASHLEY, IL 62808-3803

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **MDWN** has been renewed for:

MIDWESTERN TRANSIT SERVICE INC
4367 E SEURAT RD
ASHLEY, IL 62808-3803
MC-186420
US DOT-2213266

This Alpha Code will apply only to the company name shown above through June 30, 2023. Approximately two months prior to expiration of this SCAC, NMFTA will provide a renewal notice which must be promptly returned together with payment to ensure its continued validity. Should the company name, address or contact information need an update, please notify the National Motor Freight Association, Inc. at customerservice@nmfta.org.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Customs & Border Protection (CBP) ACE program and you have an issue with using your SCAC with ACE, please contact CBP at the following email address: AMSSCAC@cbp.dhs.gov. All SCACs are automatically uploaded to ACE within 24 hours. To participate in the Automated Export System (AES) program, please email AMSSCAC@cbp.dhs.gov and askaes@census.gov a request, along with a copy of the NMFTA SCAC letter, to enable your SCAC for AES. Additional information on CBP's automated programs can be found at <https://www.cbp.gov/trade/automated/getting-started>.

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. MIDWESTERN TRANSIT SERVICE, INC.	
2. Business name/disregarded entity name. If different from above:	
3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership): Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions):	
4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3). Exempt payee code (if any): Exemption from FATCA reporting code (if any): (Applies to accounts maintained outside the U.S.)	
5. Address (number, street, and apt. or suite no.) See instructions. 4367 E SEURAT RD	Requester's name and address (optional)
6. City, state, and ZIP code. ASHLEY, IL 62808-3803	
7. List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
3	7		1	2	7	9	3	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person: <i>John E. Bechard</i>	Date: <i>05/24/2018</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2022

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).

PRODUCER USI Insurance Services, LLC 8000 Norman Center Drive Bloomington MN 55437		CONTACT NAME: Nicole Dahle PHONE (A/C, No. Ext): 952-322-9044 E-MAIL ADDRESS: Nicole.Dahle@usi.com FAX (A/C, No): 952-947-9793															
INSURED Midwestern Transit Service Inc. 4367 East Seurat Road Ashley IL 62808-3803		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Citizens Insurance Company of America</td> <td>31534</td> </tr> <tr> <td>INSURER B: Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER C: Kinsale Insurance Company</td> <td>38920</td> </tr> <tr> <td>INSURER D: Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: Citizens Insurance Company of America	31534	INSURER B: Hanover Insurance Company	22292	INSURER C: Kinsale Insurance Company	38920	INSURER D: Hanover Insurance Company	22292	INSURER E:		INSURER F:	
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INSURER D: Hanover Insurance Company	22292																
INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: 393172912

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.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD. WVD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		OBX9879378	3/16/2022	3/16/2023	EACH OCCURRENCE \$ 1,000,000** DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included** GENERAL AGGREGATE \$ 2,000,000* PRODUCTS - COMP/OP AGG \$ Included* \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AHXH963173	3/16/2022	3/16/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		01008122290	3/16/2022	3/16/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A		WKX9879105	3/16/2022	3/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000
D	Contingent Cargo		IHX9879588	3/16/2022	3/16/2023	Per Truck \$100,000 Per Loss \$200,000 Deductible \$1,000

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

**EACH OCCURRENCE LIMIT SUBJECT TO GENERAL AGGREGATE. Additional Limit: \$100,000 per Railcar, subject to \$1,000 deductible. Reefer Breakdown included, subject to a \$2,500 deductible.

CERTIFICATE HOLDER

CANCELLATION

Midwestern Transit Service Inc.
 4367 East Seurat Road
 Ashley IL 62808-3803

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