

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Cannon Trucking Inc</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC   <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____  <b>Note:</b> 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 <b>not</b> 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) ►                 </div> <div style="width: 45%;"> <input type="checkbox"/> C Corporation    <input checked="" type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate                 </div> </div>	<b>4</b> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>5335 Reisterstown Road</b>	<b>Requester's name and address (optional)</b>
<b>6</b> City, state, and ZIP code <b>Baltimore Maryland 21215</b>	
<b>7</b> 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.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
7	7	-	0	7	1	7	5	8	1

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

<b>Sign Here</b>	<b>Signature of U.S. person ►</b>	<b>Date ► 08/23/2021</b>
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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](http://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.*

POLICY NUMBER: A0145688001



## COMMON POLICY DECLARATIONS

SENTRY SELECT INSURANCE COMPANY A Stock Company, Stevens Point WI 54481 Transportation Division P.O. Box 8036 Stevens Point, WI 54481-8036 1-800-473-6879	Agency Name: ECBM, LP Rosetree Corporate Center, Building Two 1400 N. Providence Road, Suite 5025 Media, PA 19063 Agency No: 359
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**Named Insured:** Cannon Trucking  
**Mailing Address:** 5335 Reisterstown Rd  
Baltimore, MD 21215-4401

**Policy Period:** From 04/12/2021 To 04/12/2022  
at 12:01 AM Standard Time at your mailing address shown above.

**Form of Business:** Corporation

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

### Coverage

	<u>Premium</u>
Commercial General Liability Coverage Part	\$ Included
Commercial Automobile Coverage Part	\$ Included
Commercial Inland Marine Coverage Part	\$ Included

**Estimated Total Premium:** \$ 19,249.00

**Forms and Endorsements attached to this policy:**  
IL 00 17 11 98 Common Policy Conditions

These declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.



POLICY NUMBER: A0145688001



## COMMERCIAL GENERAL LIABILITY DECLARATIONS

SENTRY SELECT INSURANCE COMPANY A Stock Company, Stevens Point WI 54481 Transportation Division P.O. Box 8036 Stevens Point, WI 54481-8036 1-800-473-6879	Agency Name: ECBM, LP Rosetree Corporate Center, Building Two 1400 N. Providence Road, Suite 5025 Media, PA 19063 Agency No: 359
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**Named Insured:** Cannon Trucking  
**Mailing Address:** 5335 Reisterstown Rd  
Baltimore, MD 21215-4401

**Policy Period:** From 04/12/2021 To 04/12/2022  
at 12:01 AM Standard Time at your mailing address shown above.

**Form of Business:** Corporation

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**Estimated Total Premium:** \$327.00

**Forms and Endorsements attached to this policy:**

CG 00 01 04 13	Commercial General Liability Coverage Form
CG 02 01 12 17	Maryland Changes
CG 21 04 11 85	Exclusion - Products-Completed Operations Hazard
CG 21 07 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability - Limited Bodily Injury Exception Not Included
CG 21 36 03 05	Exclusion - New Entities
CG 21 39 10 93	Contractual Liability Limitation
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 60 09 98	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG 21 73 01 15	Exclusion Of Certified Acts Of Terrorism
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 85 03 09 17	Additional Insured - Members Of The UIIA

COUNTERSIGNED: \_\_\_\_\_ BY \_\_\_\_\_  
(Date) (Authorized Representative)

**Note**

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

**Business Description:** Trucker

**CG 85 00 12 10**

A0145688  
Sentry Select Insurance Company

1 00001 0000000000 21082 0 N

ddb76707-8126-444f-a558-9461c8cce91c

POLICY NUMBER: A0145688001

**Location of All Premises You Own, Rent or Occupy**

**Address:** 5335 Reisterstown Rd  
Baltimore, MD 21215-4401

**LIMITS OF INSURANCE**

**Coverages**

**Limit**

General Aggregate Limit (Other than  
Products - Completed Operations)

\$2,000,000

Products - Completed Operations  
Aggregate Limit

Not Covered

Personal & Advertising Injury Liability Limit

\$1,000,000

Any One Person or Organization

Each Occurrence Limit

\$1,000,000

Damage to Premises Rented To You Limit

\$100,000

Any One Premises

Medical Expense Limit

\$5,000

Any One Person

**EXPOSURES**

**Classification**

**Code**

**Premium Basis**

**Advance Premium**

Trucker - Including Completed Operations\*

99793

Scheduled Units

\$ 327.00

\* Including Coverage for Products - Completed Operations of a trucker only. No other Products - Completed Operations are covered. Subject to the Each Occurrence Limit and General Aggregate limit shown above.

**PREMIUMS**

**Total Premiums**

Estimated Total Premium

\$ 327.00



**ADDITIONAL INSURED SCHEDULE -  
GENERAL LIABILITY**

The following information is a list of accompanying additional insured endorsements which forms a part of your General Liability policy. The copy of the additional insured endorsement has been sent to the designated party.

Additional Insured	Endorsement Number	Endorsement Name
Members of the UIIA as selected on the Equipment Provider List 11785 Beltsville Drive, Suite 1100 Calverton, MD 20705-4048	IL 85 03 09 17	Additional Insured - Members Of The UIIA

POLICY NUMBER: A0145688001



## MOTOR CARRIER DECLARATIONS

SENTRY SELECT INSURANCE COMPANY A Stock Company, Stevens Point WI 54481 Transportation Division P.O. Box 8036 Stevens Point, WI 54481-8036 1-800-473-6879	Agency Name: ECBM, LP Rosetree Corporate Center, Building Two 1400 N. Providence Road, Suite 5025 Media, PA 19063 Agency No: 359
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### ITEM ONE

**Named Insured:** Cannon Trucking  
**Mailing Address:** 5335 Reisterstown Rd  
Baltimore, MD 21215-4401

**Policy Period:** From 04/12/2021 To 04/12/2022  
at 12:01 AM Standard Time at your mailing address shown above.

**Form of Business:** Corporation

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**Estimated Total Premium:** \$16,752.00

### Forms and Endorsements attached to this policy:

CA 00 20 10 13	Motor Carrier Coverage Form
CA 01 06 10 13	Maryland Changes - Collision Coverage In Mexico
CA 01 70 03 21	Maryland Changes
CA 02 15 12 17	Maryland Cancellation Changes
CA 21 13 03 21	Maryland Uninsured Motorists Coverage
CA 22 19 03 21	Maryland Personal Injury Protection Endorsement
CA 23 17 10 13	Truckers - Uniform Intermodal Interchange Endorsement Form Uiie - 1
CA 23 84 10 13	Exclusion Of Terrorism
CA 85 01 11 14	Pollution Liability - Broadened Coverage For Covered Autos
CA 85 04 10 13	Physical Damage Coverage - Extension of Coverage
CA 85 10 10 13	Accident Travel Coverage
CA 85 20 06 10	Policy Conditions - Cancellation For Unreported Drivers
CA 85 31 12 10	Autos You Acquire After The Policy Begins
CA 85 32 06 10	Policy Conditions - Cancellation For Unauthorized Person
CA 99 28 10 13	Stated Amount Insurance
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 85 03 09 17	Additional Insured - Members Of The UIIA
IL 85 10 10 13	Single Deductible

CA DS 21 10 13

A0145688  
Sentry Select Insurance Company

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Page 1 of 6  
03/23/2021

POLICY NUMBER: A0145688001

COUNTERSIGNED: \_\_\_\_\_ BY \_\_\_\_\_  
(Date) (Authorized Representative)

**Note**

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.



**ITEM TWO****Schedule Of Coverages and Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.

<u>Coverages</u>	<u>Covered Autos</u>	<u>Limit</u>	<u>Premium</u>
Covered Autos Liability	67, 68, 71	\$1,000,000	\$ Included
Personal Injury Protection	67	Separately Stated in the Personal Injury Protection Endorsement	\$ Included
Uninsured (Includes Underinsured) Motorist - Bodily Injury / Property Damage	67	\$75,000  \$250 Property Damage Deductible applies	\$ Included
Trailer Interchange Comprehensive	69	Least of Actual Cash Value, Cost of Repair, or \$35,000 Limit of Insurance  \$1,000 Deductible For Each Covered Trailer	\$ Included
Trailer Interchange Collision	69	Least of Actual Cash Value, Cost of Repair, or \$35,000 Limit of Insurance  \$1,000 Deductible For Each Covered Trailer	\$ Included
Physical Damage Comprehensive	67	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$1,000 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.  See ITEM FOUR for Hired or Borrowed Autos	\$ Included
Physical Damage Collision	67	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$1,000 Deductible For Each Covered Auto.  See ITEM FOUR for Hired or Borrowed Autos	\$ Included

POLICY NUMBER: A0145688001

## ITEM TWO

### Schedule Of Coverages And Covered Autos (Cont'd)

<u>Coverages</u>	<u>Covered Autos</u>	<u>Limit</u>	<u>Premium</u>
<b>Estimated Total Premium*</b>			<b>\$ 16,752.00</b>

\*This policy may be subject to final audit.

## ITEM THREE

### Schedule Of Covered Autos You Own

Covered Auto Number:		<b>See Schedule of Vehicles</b>					
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New	\$				
		Actual Cost New (N) Or Used (U)	\$	(STATED VALUE)			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							

<u>Coverages</u>	<u>Limit</u>	<u>Premium</u>
Covered Autos Liability	\$	\$
Personal Injury Protection	Stated in the Personal Injury Protection Endorsement	\$
Uninsured (Includes Underinsured) Motorist - Bodily Injury / Property Damage	\$	\$
Physical Damage Comprehensive	Stated In Item Two Minus Deductible	\$

POLICY NUMBER: A0145688001

### ITEM THREE

#### Schedule Of Covered Autos You Own (Cont'd)

Physical Damage Collision	Stated In Item Two Minus \$ Deductible	\$
<b>Total Premiums</b>		
Covered Autos Liability		\$ Included
Personal Injury Protection		\$ Included
Uninsured (Includes Underinsured) Motorist - Bodily Injury / Property Damage		\$ Included
Physical Damage Comprehensive		\$ Included
Physical Damage Collision		\$ Included

### ITEM FOUR

#### Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Liability Coverage – Cost Of Hire Rating Basis For Autos Used In Your Motor Carrier Operations  
(Other Than Mobile Or Farm Equipment)

<u>Liability Coverage</u>	<u>Estimated Annual Cost Of Hire for All States</u>	<u>Premium</u>
Primary Coverage	\$ If Any	\$ Included
Excess Coverage	\$ Not Applicable	\$ Not Applicable
Total Premium		\$ Included

For "autos" used in your motor carrier operations, cost of hire means:

- The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein,
- The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
- The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

### ITEM FIVE

#### Schedule for Non-Ownership Liability

<u>Rating Basis</u>	<u>Number</u>	<u>Premium</u>
Number Of Employees	2	\$ Included
Number Of Partners (Active and Inactive)	Not Applicable	\$ Not Applicable
Total Premium		\$ Included

### ITEM SIX

#### Trailer Interchange Coverage

<u>Coverages</u>	<u>Limit Of Insurance</u>	<u>Estimated Premium</u>
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POLICY NUMBER: A0145688001

**ITEM SIX**

**Trailer Interchange Coverage (Cont'd)**

Trailer Interchange Comprehensive	Stated In Item Two	\$	Included
Trailer Interchange Collision	Stated In Item Two	\$	Included
Total Premium		\$	Included

**ITEM SEVEN**

**Schedule of Reporting Basis**

Not Applicable

**Schedule of Vehicles**

This policy provides only the coverages for scheduled vehicles as shown below. Limits and deductibles shown in the Declarations apply, unless otherwise stated below. Vehicle effective and expiration dates are the same as the policy effective and expiration dates unless otherwise indicated by Added Effective or Deleted Effective dates stated by vehicle below.

Except for Towing, all Physical Damage loss is payable to you and the Loss Payee named as interests may appear at the time of the loss.

Any Undescribed non-owned trailer as shown on this schedule is covered, while attached to a covered power unit, or if not attached, any trailer in the named insureds' care, custody, or control for those coverages as listed on this schedule.

Policy Effective Date: 04/12/2021

Policy Expiration Date: 04/12/2022

1	2001	Volvo	4V4NC9RH81N256843	Premium	\$7,807.00
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Stated Amount \$10,000      Garaging Baltimore, MD 21215-4401  
 Business Use Commercial      Class 50221      Ownership  
 Size Class Extra heavy truck-tractor (> 45,000 Lbs.)  
 Radius Intermediate

Coverage	Limit	Deductible
Covered Autos Liability	\$1,000,000	None
Broadened Pollution	\$100,000	Not Applicable
Personal Injury Protection	See Endorsement	Not Applicable
Uninsured (Includes Underinsured) Motorist - Bodily Injury / Property Damage	See Item Two	See Item Two
Physical Damage Comprehensive	Stated Amount	\$1,000
Physical Damage Collision	Stated Amount	\$1,000

2	2000	Freightliner	1FUPCXYB9YDF92938	Premium	\$7,807.00
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Stated Amount \$10,000      Garaging Baltimore, MD 21215-4401  
 Business Use Commercial      Class 50221      Ownership  
 Size Class Extra heavy truck-tractor (> 45,000 Lbs.)  
 Radius Intermediate

Coverage	Limit	Deductible
Covered Autos Liability	\$1,000,000	None
Broadened Pollution	\$100,000	Not Applicable
Personal Injury Protection	See Endorsement	Not Applicable
Uninsured (Includes Underinsured) Motorist - Bodily Injury / Property Damage	See Item Two	See Item Two
Physical Damage Comprehensive	Stated Amount	\$1,000
Physical Damage Collision	Stated Amount	\$1,000

3	Undescribed	Premium	\$255.00
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Stated Amount  
 Business Use Commercial  
 Size Class Semitrailer  
 Radius Intermediate  
 Garaging Baltimore, MD 21215-4401  
 Class 67221 Ownership

Coverage	Limit	Deductible
Covered Autos Liability	\$1,000,000	None
Broadened Pollution	\$100,000	Not Applicable
Personal Injury Protection	See Endorsement	Not Applicable
Uninsured (Includes Underinsured) Motorist - Bodily Injury / Property Damage	See Item Two	See Item Two

4	Undescribed	Premium	\$255.00
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Stated Amount  
 Business Use Commercial  
 Size Class Semitrailer  
 Radius Intermediate  
 Garaging Baltimore, MD 21215-4401  
 Class 67221 Ownership

Coverage	Limit	Deductible
Covered Autos Liability	\$1,000,000	None
Broadened Pollution	\$100,000	Not Applicable
Personal Injury Protection	See Endorsement	Not Applicable
Uninsured (Includes Underinsured) Motorist - Bodily Injury / Property Damage	See Item Two	See Item Two



**ADDITIONAL INSURED/LOSS PAYEE SCHEDULE - AUTO**

The following information is a list of accompanying additional insured/loss payee endorsements which form a part of your Business Auto coverage. The copy of the additional insured/loss payee endorsement has been sent to the designated party.

Additional Insured	Endorsement Number	Endorsement Name
Members of the UIIA as selected on the Equipment Provider List 11785 Beltsville Drive, Suite 1100 Calverton, MD 20705-4048	IL 85 03 09 17	Additional Insured - Members Of The UIIA
	CA 23 17 10 13	Truckers - Uniform Intermodal Interchange Endorsement Form Uiie - 1

POLICY NUMBER: A0145688001



## COMMERCIAL INLAND MARINE MOTOR TRUCK CARGO DECLARATIONS

SENTRY SELECT INSURANCE COMPANY  
A Stock Company, Stevens Point WI 54481  
Transportation Division  
P.O. Box 8036  
Stevens Point, WI 54481-8036  
1-800-473-6879

Agency Name:  
ECBM, LP  
Rosetree Corporate Center, Building Two  
1400 N. Providence Road, Suite 5025  
Media, PA 19063  
Agency No: 359

**Named Insured:** Cannon Trucking  
**Mailing Address:** 5335 Reisterstown Rd  
Baltimore, MD 21215-4401

**Policy Period:** From 04/12/2021 To 04/12/2022  
at 12:01 AM Standard Time at your mailing address shown above.

**Form of Business:** Corporation

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**Estimated Total Premium:** \$2,170.00

**Forms and Endorsements attached to this policy:**

CM 00 01 09 04	Commercial Inland Marine Conditions
CM 85 41 11 11	UIIA Cancellation Endorsement
IL 02 07 12 17	Maryland Changes
IL 09 35 07 02	Exclusion Of Certain Computer-Related Losses
IL 09 53 01 15	Exclusion Of Certified Acts Of Terrorism
IL 85 10 10 13	Single Deductible
MTC 400 05 17	Motor Truck Cargo Coverage Form

COUNTERSIGNED: \_\_\_\_\_ BY \_\_\_\_\_  
(Date) (Authorized Representative)

**Note**

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

**LIMITS OF INSURANCE**

<u>Limits of Insurance</u>	<u>Limit</u>	<u>Premium</u>
Each Covered Vehicle Limit of Insurance	\$100,000	\$ Included
Any One Terminal Location	\$100,000	\$ Included
Maximum Limit of Insurance	\$200,000	\$ Included

CM 85 00 05 17

A0145688  
Sentry Select Insurance Company

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POLICY NUMBER: A0145688001

**DEDUCTIBLE**

	<u>Deductible</u>	
Each Covered Vehicle	\$1,000	Each Loss
Each Terminal Location	\$2,500	Each Occurrence

**PREMIUMS**

<u>Total Premiums</u>	
Estimated Total Premium	\$ 2,170.00