



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/9/2023

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 Arthur J. Gallagher Risk Management Services, LLC 1900 West Loop S., #1600 Houston TX 77027	CONTACT NAME: Kala Zegadlo PHONE (A/C No. Ext): 17139358857 E-MAIL ADDRESS: Kala_Zegadlo@ajg.com		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		
INSURED Trantex Transportation Products of Texas, Inc. 3310 Frick Rd. Houston, TX 77086	CENTS		INSURER A: Liberty Insurance Corporation NAIC #: 42404
	SUP		INSURER B: Liberty Mutual Fire Insurance Company NAIC #: 23035
	-02		INSURER C: LM Insurance Corporation NAIC #: 33600
			INSURER D: Twin City Fire Insurance Company NAIC #: 29459
			INSURER E:
			INSURER F:

COVERAGES

CERTIFICATE NUMBER: 963373476

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TB5-Z91-473418-033	10/7/2023	10/7/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS7-Z91-473418-023	10/7/2023	10/7/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			TH7-Z91-473418-053	10/7/2023	10/7/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	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 N	N/A	WC2-Z91-473418-013	10/7/2023	10/7/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B D	Property D&O			YU2-Z91-473418-043 61KB0402772	10/7/2023 9/8/2023	10/7/2024 9/8/2024	Limit/ Deductible \$1,155,000/5,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Named Insured Schedule: Transline Industries, Inc.; Transline Payroll, Inc.; Jesse St. Holdings, LP; Jesse St. Management, LLC; Florida Transcor, Inc.; Trantex Transportation Products Of Texas, Inc.; Centerline Supply, Inc.

Endorsements available, if applicable:
 General Liability -
 -Commercial General Liability Additional Insured Enhancement for Manufacturers LC 20 61 01 17
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage	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 

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Trantex Transportation Products of Texas, Inc. 3310 Frick Rd. Houston, TX 77086	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

- Commercial General Liability Enhancement for Manufacturers LC 32 345 01 17
- Designated Construction Project Or Designated Location Combined Aggregate Limits - With Total Aggregate Limit For All Projects And Locations LC 25 19 01 15
- Primary And Noncontributory -Other Insurance Condition -CG 20 01 12 19
- Commercial General Liability Coverage Form- 8. Transfer Of Rights Of Recovery Against Others To Us - CG00 01 04 13
- Automobile -
- Auto Enhancement Endorsement AC 84 07 07/13
- Auto Enhancement Endorsement AC 84 07 11/17
- Primary and Noncontributory -Other Insurance Condition- CA 04 49 11 16
- Common Policy Conditions - Transfer Of Your Rights And Duties Under This Policy - IL 00 17 11 98
- Workers Compensation -
- Texas Waiver of Our Right to Recover from Others WC 42 03 04 B
- Waiver of Our Right to Recover from Others Endorsement WC 00 03 11 A