



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2017

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.

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.

PRODUCER: Ameriplan Benefit Corporation
INSURED: Metro Transport Group, LLC
CONTACT NAME: Sherry McMahan
PHONE: (865) 584-3655
FAX: (865) 588-1494
E-MAIL ADDRESS: smcmahan@ameriplanbenefit.com
INSURER(S) AFFORDING COVERAGE: Cherokee Insurance Company
NAIC #: 10642

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Cargo and Workers Compensation are not provided by this agency

Certificate Holder is additional insured with regard to Automobile Liability and General Liability as their interest may appear where required by written and signed contract

CERTIFICATE HOLDER: Metro Expedite Additional Insured
CANCELLATION: 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: [Signature]



# Cherokee Insurance Company

34200 Mound Road  
Sterling Heights, Michigan 48310  
800-201-0450

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL COVERAGE  
CHANGE ENDORSEMENT #3

This endorsement is a part of the policies shown below. It is effective on the date stated below.

**POLICY NUMBER:** CA160186 GL160114 BT160036 PD160135 IC160030

**Policy Change Effective Date:** 5/18/2017  
12:01 A. M. standard time at your mailing address

**Policy Expiration Date:** 10/4/2017

**Named Insured and Mailing Address:** Metro Transport Group LLC  
PO Box 789  
Athens TN 37303

**Change:**

This endorsement amends the above stated policies by adding Metro Expedite ( FEIN #81-4789200) as an additional named insured on the above stated policies

Countersigned by: \_\_\_\_\_

Director of Underwriting