



CERTIFICATE OF LIABILITY INSURANCE

NRCRISWELL

DATE (MM/DD/YYYY) 12/12/2025

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).

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|--|--|-------------|--|--|--|
| PRODUCER | CONTACT NAME: | | | | |
| Henderson Brothers Inc | PHONE (A/C, No, Ext): (412) 261-1842 FAX (A/C, No): (41 | 2) 261-4149 | | | |
| 920 Ft. Duquesne Blvd. Pittsburgh, PA 15222 | E-MAIL ADDRESS: mailroom@hendersonbrothers.com | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| | INSURER A: The Travelers Indemnity Company of Connection | ut 25682 | | | |
| INSURED | INSURER B: Travelers Casualty Insurance Company of Ame | ic 19046 | | | |
| Ward Trucking, LLC | INSURER C: Travelers Property Casualty Company of Ameri | 25674 | | | |
| 1436 Ward Trucking Drive | INSURER D: | | | | |
| Altoona, PA 16602 | INSURER E: | | | | |
| | INSURER F: | | | | |
| | | | | | |

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. 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.

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|------|--|--|---|---|--|---|---|---|--|-----------|
| | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | S | | |
| X | COMMERCIAL GENERAL LIABILITY | | | | , | , | EACH OCCURRENCE | \$ | 5,000,000 | |
| | CLAIMS-MADE X OCCUR | | | | HC2EGLSA-475M3185-TCT-26 | 1/1/2026 | 1/1/2027 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ | 10,000 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 5,000,000 | |
| GEN | I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER: | | | | | | GENERAL AGGREGATE | \$ | 5,000,000 | |
| X | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 5,000,000 | |
| | OTHER: | | | | | | | \$ | | |
| AUT | OMOBILE LIABILITY | | HC2E840-475M3228-TCT- | | 26 1/1/2026 | 1/1/2027 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 5,000,000 | |
| X | ANY AUTO | | | HC2E840-475M3228-TCT-26 | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | \$ | | |
| X | HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| Х | Trailer Interchange | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | \$ | | |
| WOR | EMDI OVEDSI I IABII ITV | | UB-7R250918-26-NC-T | | | | | X PER OTH- STATUTE ER | | |
| ANY | PROPRIETOR/PARTNER/EXECUTIVE | N / A | | 1/1/2026 | 1/1/2027 | E.L. EACH ACCIDENT | \$ | 1,000,000 | | |
| | datory in NH) | N/A | | | | ^ | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| DÉS | CRIPTION OF OPERATIONS below | | | | | | | \$ | 1,000,000 | |
| Mot | or Truck Cargo | | | QT-660-0T593188-TIL-26 | 1/1/2026 | 1/1/2027 | Cargo Limit | | 1,000,000 | |
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| | AUT X X X X X X X X X X X X X X X X X X X | CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY Trailer Interchange UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTINER EXECUTIVE | TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY AUTOS ONLY X Trailer Interchange UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X Trailer Interchange UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR HC2EGLSA-475M3185-TCT-26 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCY LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY X AUTOS ONLY Trailer Interchange UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N OFFICER/MEMBER EXCLUDED? WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under DESCRIPTION OF OPERATIONS below HC2EB40-475M3185-TCT-26 HC2E840-475M3228-TCT-26 HC2E840-475M3228-TCT-26 UB-7R250918-26-NC-T UB-7R250918-26-NC-T | TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X Trailer Interchange UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below HC2ESA-475M3185-TCT-26 1/1/2026 1/1/2026 | TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY Trailer Interchange DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N A COMMERCIAL GENERAL LIABILITY HC2EGLSA-475M3185-TCT-26 1/1/2026 1/1/2027 HC2E840-475M3228-TCT-26 1/1/2026 1/1/2027 1/1/2027 1/1/2026 1/1/2027 | TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE LIMIT APPLIES PER: V POLICY PRO OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED OWNED AUTOS ONLY X Trailer Interchange UMBRELLA LIAB CCLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION NAMD EMPLOYERS LIBILITY WORKERS COMPENSATION NAMD EMPLOYERS LIBILITY WORKERS COMPENSATION NAMD EMPLOYERS LIBILITY NAMP PROPRIETOR/PARTNER/EXECUTIVE NAMP PROPRIETOR/PARTNER/EXECUTIVE NAMP PROPRIETOR/PARTNER/EXECUTIVE NAMP PROPRIETOR/PARTNER/EXECUTIVE NAMP (Sescribe under LIMIT EACH OCCURRENCE ACHO OCCURRENCE AGGREGATE ELL EACH ACCIDENT ELL DISEASE - EA EMPLOYEE ELL DISEASE - POLICY LIMIT ELL DISEASE - EA EMPLOYEE ELL DISEASE - POLICY LIMIT ELL DISEASE - POLICY LIMIT | TYPE OF INSURANCE INSU WOD POLICY NUMBER (MM/DD/YYYY) (MM/CD/YYYY) (MM/DD/YYYY) (MM/CD/YYYY) (MM/DD/YYYY) (MM/CD/YYYY) (MM/CD/CD/CD/CD/CD/CD/CD/CD/CD/CD/CD/CD/CD/ | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Physical Damage Deductibles: Comp 500,000 Collision 500,000

Additional Coverages Ward Transport & Logistics Corp:

Property: Travelers Property Casualty Company of America 1/1/26-1/1/27 Policy # 630-7S612994 Deductible: \$25,000

Environmental Liability G71472401 003: ACE American Insurance Company Policy period: 1/1/25 - 1/1/28; Each Incident Limit: 5,000,000 Policy Aggregate Limit: 5,000,000; Self Insured Retention- \$100,000

| CERTIFICATE HOLDER | 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 |
| | Michael S. Kelly |
| Evidence of Coverage | |

ACORD 25 (2016/03)

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