



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/01/2017

**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. 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 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).**

<b>PRODUCER</b> MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Atlanta.Certrequest@marsh.com Fax#212-948-4321 242687---17-18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b></td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A :</b> ACE American Insurance Company</td> <td style="text-align: right;">NAIC # 22667</td> </tr> <tr> <td><b>INSURER B :</b> Liberty Mutual Insurance Company</td> <td style="text-align: right;">23043</td> </tr> <tr> <td><b>INSURER C :</b> National Union Fire Insurance Co. of Pittsburgh, PA</td> <td style="text-align: right;">19445</td> </tr> <tr> <td><b>INSURER D :</b> Indemnity Ins Co Of North America</td> <td style="text-align: right;">43575</td> </tr> <tr> <td><b>INSURER E :</b> AGCS Marine Insurance Company</td> <td style="text-align: right;">22837</td> </tr> <tr> <td><b>INSURER F :</b> ACE Fire Underwriters Co</td> <td style="text-align: right;">20702</td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A :</b> ACE American Insurance Company	NAIC # 22667	<b>INSURER B :</b> Liberty Mutual Insurance Company	23043	<b>INSURER C :</b> National Union Fire Insurance Co. of Pittsburgh, PA	19445	<b>INSURER D :</b> Indemnity Ins Co Of North America	43575	<b>INSURER E :</b> AGCS Marine Insurance Company	22837	<b>INSURER F :</b> ACE Fire Underwriters Co	20702
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<b>INSURED</b> SAIA Motor Freight Line, LLC 104 Woodlawn Ranch Road Houma, LA 70363																					

**COVERAGES** **CERTIFICATE NUMBER:** ATL-004151244-01 **REVISION NUMBER:** 1

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	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			HDO G27863292	03/01/2017	03/01/2018	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/> \$500,000 DEDUCTIBLE						MED EXP (Any one person)	\$ EXCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b>			XSA H09055083	03/01/2017	03/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			MMT H09055095	03/01/2017	03/01/2018	BODILY INJURY (Per person)	\$
B	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>	016052736	03/01/2017	03/01/2018	BODILY INJURY (Per accident)	\$
A	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>	MMT H09055101	03/01/2017	03/01/2018	PROPERTY DAMAGE (Per accident)	\$
				Please see additonal page				\$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			28189096	03/01/2017	03/01/2018	EACH OCCURRENCE	\$ 40,000,000
H	<input type="checkbox"/> <b>EXCESS LIAB</b>			SHX 00015220429	03/01/2017	03/01/2018	AGGREGATE	\$ 40,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$25,000							\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WLR C49113523 (AZ, CA)	03/01/2017	03/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/>	N/A	WLR C49113547 (AOS)	03/01/2017	03/01/2018	E.L. EACH ACCIDENT	\$ 1,000,000
G	If yes, describe under DESCRIPTION OF OPERATIONS below			WLR C49113559 (TN)	03/01/2017	03/01/2018	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
F				SCF C49113535 (WI)	03/01/2017	03/01/2018	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Motor Truck Cargo			MXI93070502	03/01/2017	03/01/2018	Limit	1,000,000
	Legal Liability						Deductible - Per Occ	250,000

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

**CERTIFICATE HOLDER** **CANCELLATION**

EVIDENCE OF INSURANCE COVERAGE	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Michael Dennis </p>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH USA, INC.		<b>NAMED INSURED</b> SAIA Motor Freight Line, LLC 104 Woodlawn Ranch Road Houma, LA 70363	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

INSURERS AFFORDING COVERAGE/NAIC #

INSURER G: Agri General Insurance Company (42757)  
 INSURER H: National Surety Corp (21881)

AUTO COVERAGE:  
 \$5,000,000 Combined Single Limit on ACE Insurance Company

\$1,700,000 limit on Liberty Mutual Insurance Company  
 Liberty Mutual Insurance Co. has issued a Bond of Financial Responsibility # 016052736 guaranteeing payment of auto liability claims in the amount and limits set forth on this certificate.

\$3,000,000 excess of \$2,000,000 limit on ACE American Insurance Company with a \$2,000,000 Retention.

Workers Compensation and Employers Liability:  
 Policy Number: WCU C49113511  
 Policy Limits:  
 Employers Liability: \$750,000 Each Accident/Each Employee for Disease/Annual Aggregate excess of \$250,000 SIR (MS)  
 \$500,000 Each Accident/ Each Employee for Disease /Annual Aggregate excess of \$500,000 SIR (All States excluding GA, FL, MS and OH)  
 \$250,000 Each Accident/ Each Employee for Disease /Annual Aggregate excess \$750,000 SIR (GA)  
 \$NIL Each Accident/ Each Employee for Disease /Annual Aggregate (FL and OH)

This is an excess policy in which the Retained Limits is as follows:  
 All States excluding GA, FL, MS, and OH: \$500,000 each accident/\$500,000 each employee for disease  
 MS: \$750,000 each accident/\$750,000 each employee for disease  
 GA: \$250,000 each accident/\$250,000 each employee for disease  
 FL and OH: \$1,000,000 each accident/\$1,000,000 each employee for disease

Deductible Limit:  
 All States excluding GA, FL, MS, and OH: \$500,000 Deductible excess \$500,000 SIR  
 MS: \$750,000 Deductible excess \$250,000 SIR  
 GA: \$250,000 Deductible excess \$750,000 SIR

Motor Truck Cargo  
 Limits of Liability:  
 \$ 20,000,000 any one loss, disaster or casualty, either in case of partial loss or total loss or salvage or any other costs and expenses or all combined  
 \$ 20,000,000 Per occurrence and as sub-limited below  
 \$ 2,500,000 Per vehicle  
 \$ 10,000,000 Unscheduled Terminals  
 \$ 20,000,000 @ Specified Terminal Locations: 2765 Anvil Block Rd, Ellenwood, GA 30294; 1002 W. Oakdale, Grand Prairie, TX 75050; 9051 Railwood Dr., Houston, TX 77078;  
 3400 Millbranch Road, Memphis, TN; 14731 Santa Ana Ave., San Bernardino, CA 92337; 4356 Singleton Blvd, Dallas, TX 75212; 15W460 N Frontage Rd, Burr Ridge, IL 60527;  
 1625 Corporate Place, La Vergne, TN 70860; 1534 North Jackson Ave, Kansas City, MO 64120; 3010 East Cresentville Rd, West Chester, OH; 2260 South Midloathian Rd,  
 Graysale, IL 60060;  
 \$ 1,000,000 Contingent Cargo Liability  
 \$ 5,000,000 Warehouse Legal Liability @ 5950 Freeport, Memphis, TN; 13995 Diplomat Drive, Farmers Branch, TX; 11414 Mathis Ave, Farmers Branch, TX; 1621 Hutton Drive,  
 Suite 140, Carrollton, TX

Deductible:  
 \$250,000 per occurrence



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\$ 10,000 per occurrence for Contingent Cargo Legal Liability

Refrigeration Breakdown:

\$1,000,000 In or on one or more Vehicles; In or at the terminal location(s) whether in or on cargo carrying vehicles or otherwise; In or at unspecified terminal locations whether in or on cargo carrying vehicles or otherwise; In any one Occurrence

\$50,000 Deductible - All covered causes of loss

Other deductibles may apply as per policy terms and conditions.