

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2025

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).

this certificate does not confer rights to	the	certi	ificate holder in lieu of su	uch en	dorsement(s	).				
PRODUCER	CONTA NAME:	CONTACT NAME: Donna Christlieb								
Marsh & McLennan Agency 505 Broadway North, Suite 100					PHONE (A/C, No, Ext): 701-237-3311 FAX (A/C, No):					
Fargo ND 58102					E-MAIL ADDRESS: donna.christlieb@marshmma.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER A : AUTO-OWNERS INSURANCE COMPANY				18988	
INSURED RELIATRANS1					INSURER B:					
Reliance Transportation, Inc.					INSURER C:					
PO Box 2142					INSURER D:					
Fargo ND 58107					INSURER E :					
COVERAGES CERTIFICATE NUMBER: 4404040740					INSURER F : REVISION NUMBER:					
COVERAGES CERTIFICATE NUMBER: 1484912740 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.										
LTR TYPE OF INSURANCE	INSD		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		District Control	
A X COMMERCIAL GENERAL LIABILITY			77116148		11/1/2025	11/1/2026	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000		
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 50,00	0	
							MED EXP (Any one person)	\$ 5,000		
/5							PERSONAL & ADV INJURY	\$1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000	
OTHER:							ND Stop Gap Emp Liab	\$ \$1M/1	IM/1M	
A AUTOMOBILE LIABILITY			5411614800		11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
X ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONET								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION\$								\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$			
If ves. describe under							E.L. DISEASE - POLICY LIMIT	\$		
DÉSCRIPTION OF OPERATIONS below  A Motor Truck Cargo			5411614800		11/1/2025	11/1/2026	Cargo Limit	100,0		
A Infotor Frack Garge			0411014000		111112323		Deductible	5,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC (A	COBD	101 Additional Pemarks Schedu	ıle may h	e attached if mor	e space is requir	ed)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	.E3 (A	CORL	101, Additional Remarks Schedu	ne, may b	c attached if file	o opaco io roquii	<b>54</b> )			
×										
CERTIFICATE HOLDER				CAN	CELLATION					
RELIANCE TRANSPORTATION INC 717 21ST ST N PO BOX 2142 FARGO ND 58107					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					
					R. Mater					