

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2022

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).

CONTACT

I WODOOLK	NAME:						
Seubert & Associates, Inc.			PHONE (412) 734-4900 FAX (A/C, No, Ext): (412) 734-5725				
225 North Shore Drive	E-MAIL certs@seubert.com						
Suite 300	INSURER(S) AFFORDING COVERAGE				NAIC #		
Pittsburgh PA 15212			INSURER A: Zurich-American Insurance Company				16535
INSURED			INSURER B: American Guarantee & Liability				26247
Frontier Railroad Services, LLC			INSURER C: Travelers Property Casualty Company of America				25674
100 Brady Place, Suite 200			INSURER D:				
			INSURER E :				
New Stanton PA 15672			INSURER F:				
COVERAGES CER	TIFICATE N	UMBER: 23-24 Master			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. HINDI							
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR  \$25,000 BI/PD Deductible  A  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:	(	GLO013593408	01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 300,000 \$ 10,000 \$ 2,000,000 \$ 4,000,000 \$ 4,000,000	
AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		BAP013593308	01/01/2023	01/01/2024	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$	
B EXCESS LIAB CLAIMS-MADE  DED RETENTION \$ 0	,	AUC013596908	01/01/2023	01/01/2024	AGGREGATE	\$ 10,000,000 \$ 10,000,000 \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Mandatory in NH) ( yes, describe under		01/01/2023	01/01/2024	PER   OTH-		0,000
C Leased/Rented Equipment  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE		QT6301W632945TIL23	01/01/2023	01/01/2024			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER	CANCELLATION		
Proof of Insurance	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		
1	Krustie Julich		