



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/10/2026

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).


<b>PRODUCER</b> Acrisure LLC 16805 W. Cleveland Avenue New Berlin WI 53151	<b>CONTACT NAME:</b> Julie Kontney		<b>FAX (A/C, No):</b>
	<b>PHONE (A/C, No, Ext):</b> 262-782-3940		
<b>E-MAIL ADDRESS:</b> certs@hni.com			
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A :</b> Great West Casualty Company			11371
<b>INSURER B :</b> Berkley National Insurance Company			38911
<b>INSURER C :</b> Great Northern Insurance Company			20303
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**COVERAGES** **CERTIFICATE NUMBER:** 1644007613 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			99502873	4/1/2026	4/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> See Below			GRT38795B	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC32499B RWC32501B	4/1/2026 4/1/2026	4/1/2027 4/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B B A	Motor Truck Cargo Trailer Interchange Bailee (Hired Physical Damage)			MNP-1009267-62 MNP-1009267-62 GRT38795B	4/1/2026 4/1/2026 4/1/2026	4/1/2027 4/1/2027 4/1/2027	Limit/Deductible \$250,000/\$50,000 Limit/Deductible \$65,000/\$5,000 Limit \$150,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 DOT #534817 / MC #188471  
 \*Any Auto Except a Private Passenger Type Auto  
 Workers Compensation Policy #WC32499B applies to All Other States  
 Workers Compensation Policy #RWC32501B applies to the State of WI  
 Auto Liability Policy #GRT38795B includes Physical Damage coverage with Comp/Collision deductible \$1,000. Per Schedule on File.  
 General Liability Policy #99502873 / Eff 04/01/26 to 04/01/27 / Insurer: Great Northern (NAIC #20303) / Limit: \$2,000,00 Agg / \$1,000,000 Occ  
 Cargo policy #MNP-1009267-62 / Eff 04/01/26 to 04/01/27 / Insurer: Berkley National Ins Co (NAIC #38911) / Limit: \$250,000 / Ded: \$50,000  
 Cargo policy includes Trailer Interchange - Limit: \$65,000 / Ded: \$5,000  
 See Attached...

<b>CERTIFICATE HOLDER</b>  *Proof of Coverage*	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Acrisure LLC		NAMED INSURED Xpress Global Systems LLC 1537 New Hope Church Rd Tunnel Hill GA 30755-9275	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Property policy #MNP-1009267-62 / Eff 04/01/26 to 04/01/27 / Insurer: Berkley National Ins Co (NAIC #38911) / Deductible: \$10,000.  
 Property policy includes Business Personal Property, Business Income and Property of Others for covered locations per schedule on file with company.

The Auto Liability and General Liability policies include blanket Additional Insured and Waiver of Subrogation endorsements as required by written contract. The Auto Liability and General Liability policies include blanket Primary and Non-Contributory endorsement as required by written contract.