



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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).

PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

3 Sisters Chocolate CO. 10950-013 San Jose Blvd. Jacksonville, FL 32223	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



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			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
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CERTIFICATE HOLDER

CANCELLATION

A-1 Express Delivery Service P. O. Box 467307 Atlanta, GA 31146	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



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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
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			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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CANCELLATION

Access America Transport P.O. Box 182215 Chattanooga, TN 37422	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



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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
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							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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CANCELLATION

Accu-Tech Corporation 6631 Executive Park Crt # 208 Jacksonville, FL 32216	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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Advanced Automation 165 Industrial Loop S. Unit 4 Orange Park, FL 32073	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Ahren Rentals 1401 Mineral Ave. Las Vegas, NV 89105	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

AIG Worldwide Logistics 701 N. Rohlwing Rd. Itasca, IL 60143	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Airgas Inc. and its respective employees, subsidiaries, affiliates, divisions, officers, directors, and agents and contractor's subcontractors and employees, are additional insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Airgas Dry Ice Air Liquide Company 2914 US Hwy 301 N. Tampa, FL 33619	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Airgas USA LLC DBA Airgas Dry Ice and it's respective employees, subsidiaries, affiliates, divisions, officers, directors, agents & insurers are additional insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Airgas USA LLC DBA Airgas Dry Ice 6953 Stuart Ave Jacksonville, FL 32254	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Airways Freight Corp. 3849 W. Wedington Drive Fayetteville, AR 72702	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



PRIOTRA-04

SHEPPARDS

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10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Alive Credit Union 9790 Touchton Rd Jacksonville, FL 32246	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Allstate Workplace Solutions 1776 American Heritage Life Dr Jacksonville, FL 32224	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Allstates WorldCargo, Inc. 1 Pelican Drive #1 Bayville, NJ 08721	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

All-Ways Transport, Inc. 4301 Pompano Dr. S. E. Saint Petersburg, FL 33705	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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Locations:

4011 Morton Street, Jacksonville, FL 32217
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2950 Powers Ave., Jacksonville, FL 32207

Certificate holder is listed as are additional insured with regards to general liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Alpha Logistics, Inc. 230 Sunport Lane, Suite 100 Orlando, FL 32809	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

American Expediting Co 2215 Arch Street Philadelphia, PA 19103	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

American Home Mortgage Services, Inc. 4875 Belfort Road Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
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A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Ameris Bank 11100 San Jose Blvd. Jacksonville, FL 32223	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Amkin West Bay, LLC, Amkin Management LLC, and it's affiliates and/or successors are additional insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Amkin West Bay, LLC Attn: Sr. Project Manager, Lori Thomas 301 W. Bay Street Jacksonville, FL 32201	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



PRIOTRA-04

SHEPPARDS

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DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Apex Color 200 N. Lee St. Jacksonville, FL 32204	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



PRIOTRA-04

SHEPPARDS

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	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

ARMOR CORRECTIONAL SVC 4960 SW 72ND AVE. #400 Miami, FL 33155	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Armstrong Transport Group, Inc. P O Box 560687 Springville, TN 38256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Arrowpac, Inc. Arrowpac, Inc. 4225 James E. Casey Drive # 6 Jacksonville, FL 32219	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Associated Global Systems, Inc is additional insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Associated Global Systems, Inc 3333 New Hyde Park Road New Hyde Park, NY 11042	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

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REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Authority ID Number: MC611816

Locations:

4011 Morton Street, Jacksonville, FL 32217

4344 Phillips Highway, Jacksonville, FL 32207

2950 Powers Ave., Jacksonville, FL 32207

Assure Assist is additional insured with respects to General Liability when required by written contract. Waiver of Subrogation is in favor of the additional insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Assure Assist 543 Country Club Dr Unit B338 Simi Valley, CA 93065	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Atlantic Pacific Express P O Box 2208 West Columbia, SC 29171	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Attractions and Entertainment, Inc. P O Box 877 Ponte Vedra Beach, FL 32004-0877	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Bailey Publishing & Comm. 10 N Newnan St Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Bailey's Powerhouse Gym P.O. Box 8762 Jacksonville, FL 32239	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
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			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
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A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Barrett Distribution Centers, Inc. is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Barrett Distribution Centers, Inc. 15 Freedom Way Walpole, MA 02081	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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	INSURER D :	
	INSURER E :	
	INSURER F :	

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Basham & Lucas Design Group 7645 Gate Parkway Suite 101 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Baymeadows Moving and Storage, Inc. 6419 Philips Hwy Jacksonville, FL 32216	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

BBVA is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

BBVA Vendor Procurement AL-BI-CH-SCM 15 South 20th Street, 8th Floor Birmingham, AL 35233	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

BBVA Compass Bank is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

BBVA Compass Bank Ariba Operations-3 South 701 32nd Street South AL BI-SC PMG Birmingham, AL 35233	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Beach Music Clothing, LLC dba Katherine Way Collections 7892 Baymeadows Way Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Beacon Roofing Supply, Inc. and all of its subsidiaries and affiliates are Additional Insured with respects to General Liability and Excess Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Beacon Roofing Supplies, Inc. 1504 HWY 117 Bypass North Goldsboro, NC 27533	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Beaver Street Fisheries 1741 W Beaver St Jacksonville, FL 32209	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input checked="" type="checkbox"/> RETENTION \$ 10,000		AGGREGATE				\$ 3,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Beavex, Inc. 3715 Northside Pkwy, Suite 300 Atlanta, GA 30327	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Bernie's Tool & Fastener 4211 Highway Ave Jacksonville, FL 32254	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Bioreference Laboratories 481 Edward H Ross Drive Elmwood Park, NJ 07407	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Blueprint Logistics, LLC 171 College Ave. Holland, MI 49423	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N		N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

BSNF Logistics is Additional Insureds with respects to General Liability and Excess Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

BNSF Logistics 111 E 4th St. STE 200 Alton, IL 62002	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Boozie and Company, LLC 42 Phillips Ave. Ponte Vedra Beach, FL 32082	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Brooks Rehabilitation 3901 University Blvd South Jacksonville, FL 32216	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Brown & Bigelow 8601 Dunwoody Place Suite 140 Atlanta, GA 30350	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Cancer Specialists of North FI 9143 Philips Hwy Ste 560 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Cannon Express 5075 Minola Rd Lithonia, GA 30038	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CAP Logistics is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

CAP Logistics P. O. Box 5608 Denver, CO 80217	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Carter's Ortega Pharmacy 2923 Corinthian Avenue Jacksonville, FL 32210	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Catering By Liz 919 King St Jacksonville, FL 32204	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CB Richard Ellis is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

CB Richard Ellis 201 E Fourth Street #1400 Cincinnati, OH 45202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

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2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

CertusBank 822 AIA Suite 100 Ponte Vedra Beach, FL 32082	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
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INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

CE-Tech of Jacksonville, Inc. 3728 Philips Highway, Ste 56 Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Choice Logistics 1 Whitehall Street New York, NY 10004	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

CERTIFICATE NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
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			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
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							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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Locations:

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CERTIFICATE HOLDER

CANCELLATION

Cigar Club 4585 Hawthorne Pl. Mobile, AL 36608	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
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COVERAGES

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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
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CERTIFICATE HOLDER

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City of Jacksonville 117 West Duval St Jacksonville, FL 32202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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PRIOTRA-04

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DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

City of Jacksonville; Jacksonville Public Library 214 N. Hogan Street 7th Floor Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		AGGREGATE				\$ 3,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Coastline Federal Credit Union is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Coastline Federal Credit Union 4651 Emerson Street Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Community Hospice 4266 Sunbeam Road Jacksonville, FL 32257	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Complete Delivery Solutions 4505 Falls of Neuse Rd. Ste 550 Raleigh, NC 27609	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

CERTIFICATE NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
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			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Container Graphics Corporation 113 Edinburg S. Drive, Suite 110 Cary, NC 27511	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Containter Graphics Corporation 114 Edinburgh Dr. S. Suite 104 Cary, NC 27511	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Cool Air Products, LLC 5850 Waterloo Rd., #140 Columbia, MD 21045	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



PRIOTRA-04

SHEPPARDS

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DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

CERTIFICATE NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
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							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Cornerstone Logistics 2813 Wehrle Dr., Suite 204 Williamsville, NY 14221	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

The County of Bucks, its Board of Commissioners, employees, directors, officers, departments and divisions are additional insured with regards to General Liability and Excess General Liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

County of Bucks Board of Commissioners Attn: Office of the Controller 58 East Court Street Doylestown, PA 18901	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
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	INSURER A : United National Insurance Company		13064
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COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
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							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
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2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Crane Worldwide Logistics 574 Airport South Pkwy, Ste 40 College Park, GA 30349	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



PRIOTRA-04

SHEPPARDS

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	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Crossville Tile & Stone P.O. Box 1168 Crossville, TN 38557	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Crowley Liner Services, Inc. is additional insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Crowley Liner Services, Inc. PO Box 2110 Jacksonville, FL 32203	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Crowley Maritime Corporation and its parent, subsidiary or affiliated companies and their shareholders, officers, directors, agents and employees are additional insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Crowley Maritime Corporation Attn: Risk Management Department 9487 Regency Square Blvd Jacksonville, FL 32225	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788 E-MAIL ADDRESS: stacie.sheppard@ioausa.com
	INSURER(S) AFFORDING COVERAGE INSURER A: United National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	NAIC # 13064

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 CYBER \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

CRST Logistics 3930 16th Avenue SW Cedar Rapids, IA 52406	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
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PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Curtisy Delivery P. O. Box 5234 Inglewood, CA 90310	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Daniel F. Young, Inc. 1235 Westlakes Drive, Suite 305 Berwyn, PA 19312	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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CERTIFICATE HOLDER

CANCELLATION

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	AUTHORIZED REPRESENTATIVE



PRIOTRA-04

SHEPPARDS

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DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

A Waiver of Subrogation applies in favor of Dealer Tire, its employees, and/or agents with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Dealer Tire	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
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	INSURER E :		
INSURER F :			

COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Decorative Things, LLC 215 East 68th Street New York, NY 10065	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
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INSURER E :		
INSURER F :		

COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Delivery Now, Inc. 18 Commons Drive, Unit 9B Londonderry, NH 03053	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
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INSURER E :		
INSURER F :		

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Designing Wellness, LLC DBA Venture Office Solutions 3621 West Morrison Ave. Tampa, FL 33629	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788 E-MAIL ADDRESS: stacie.sheppard@ioausa.com
	INSURER(S) AFFORDING COVERAGE INSURER A: United National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	NAIC # 13064

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 CYBER \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

DHL Solutions 1210 S. Pine Island Road Plantation, FL 33324	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
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PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Distribution Solutions International 333 Grandview Parkway Traverse City, MI 49684	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

DuPont Titanium Technologies 4641 County Road 230 East Starke, FL 32091	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Duval Honda 1325 Casset Avenue Jacksonville, FL 32205	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Duval Motor Company 1725 Memorial Park Drive Jacksonville, FL 32204	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

DXM Marketing 7900 Belfort Pkwy Ste 500 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Dynamex, Inc. 5429 LBJ Freeway #1000 Dallas, TX 75234	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

EastGroup Properties 190 E. Capital St, Ste. 400 Jackson, MS 39201	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Edwards Engineering 1885 Corporate Square Blvd. Jacksonville, FL 32216	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Emergency Resources Group 820 Prudential Drive Suite 713 Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

England, Thims & Miller, Inc. 14775 St. Augustine Rd. Jacksonville, FL 32258	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Ensenda, Inc. 580 California Street FL 2 San Francisco, CA 94104	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Enterprise Leasing Company 11034 Atlantic Blvd Jacksonville, FL 32225	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

E-Street District 5161 Hwy 42 Ellenwood, GA 30294	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
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INSURER F :			

COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Executive Express dba 1st Choice Courier 9461 Dielman Rock Island Ind Dr Saint Louis, MO 63132	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Exel Transportation 17330 Preston Road Ste 200C Dallas, TX 75252	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

EZ-FLO International 8003 Westside Industrial Dr Jacksonville, FL 32219	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Fast Signs 8535 Baymeadows Road Ste 7 Jacksonville FL	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Firehouse of America LLC 3400-8 Kori Rd Jacksonville, FL 32257	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
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INSURER F :			

COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
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CERTIFICATE HOLDER

CANCELLATION

Firehouse Restaurant Group 3400 -8 Kori Road Jacksonville, FL 32257	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Firehouse Subs 12735 Gran Bay Parkway, Ste 150 Jacksonville, FL 32258	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Floor and Decor Outlets of America, Inc. and its affiliates are Additional Insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Floor and Decor Outlets of America, Inc. C/O: myCOI 1075 Broad Ripple Ave, Suite 313 Indianapolis, IN 46220	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Florida Community College at Jacksonville is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Florida Community College at Jacksonville 501 W. State Street Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Florida Farm Bureau Casualty Ins. Co. 5700 SW 34th Street Gainesville, FL 32608	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Floridian Property Management 414 Old Hard Road, Ste. 502 Fleming Island, FL 32203	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

FLX Courier Systems P. O. Box 3308 Orlando, FL 32802-3308	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788 E-MAIL ADDRESS: stacie.sheppard@ioausa.com
	INSURER(S) AFFORDING COVERAGE INSURER A: United National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	NAIC # 13064

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 CYBER \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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Locations:

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CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes Only	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
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INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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CERTIFICATE HOLDER

CANCELLATION

Fortune Global Resources PMB 166 16625 Redmond Way Ste M Redmond, WA 98052	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



PRIOTRA-04

SHEPPARDS

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INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
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CERTIFICATE HOLDER

CANCELLATION

Foto Brands, LLC 6333 E. Mockingbird Lane Dallas, TX	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	INSURER A : United National Insurance Company		13064
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	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
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			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
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	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
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CERTIFICATE HOLDER

CANCELLATION

Freightquote.com, Inc. 16025 West 113th Street Lenexa, KS 66219	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



PRIOTRA-04

SHEPPARDS

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	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

G.C. Services 4019 Woodcock Drive #100 Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Gate Concrete Products Co is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Gate Concrete Products Co 402 Zoo Parkway Jacksonville, FL 32218	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Gate Petroleum Company 9540 San Jose Blvd. Jacksonville, FL 32257	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

GENPATH 481 Edward H Ross Drive Elmwood Park, NJ 07407	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Get A Grip Water Sports, LLC 3964 Cattail Pond Drive Jacksonville, FL 32224	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

GIO Express 856-1 Johnson Avenue Ronkonkoma, NY 11779	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Global Shipping Services, LLC 21 Fadem Road Unit #14 Springfield, NJ 07081	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

GlobalTranz 5415 E High Street Ste 460 Phoenix, AZ 85054	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Graf Air Freight 550 W. Taylor St Chicago, IL 60607	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Gray Robinson P.A. 50 N. Laura St. #1100 Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Grimco 4344 Philips Highway Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Grimes Logistics, Inc. 600 N. Ellis Road Jacksonville, FL 32254	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Grosvenor Technology Unit S, The Fulcrum Centre Vantage Way Poole Dorset UK BH12 4NU	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

HA Logistics Inc 5175 Johnson Drive Pleasanton, CA 94588	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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Locations:

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CERTIFICATE HOLDER

CANCELLATION

Habitat For Humanity Of Jacksonville 2404 Hubbard St. Jacksonville, FL 32206	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Hagan Ace Hardware 1022 Blanding Blvd Orange Park, FL 32073	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Hassett Logistics is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Hassett Logistics 17W775 Butterfield Rd., Suite 109 Oakbrook Terrace, IL 60181	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

HD Supply 8600 Jessie B Smith Crt Ste 7 Jacksonville, FL 32219	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

HD Supply Power Solutions PO Box 4945 Orlando, FL 32802	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Heartland Hospice 8130 Baymeadows Way W. Suite 201 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Heritage Bank of North Florida 100 Corridor Road South Ponte Vedra, FL 32082	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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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).

PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

HH & A Construction Inc. is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

HH & A Construction Inc. 12412 San Jose Blvd. Suite 404 Jacksonville, FL 32223	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Holland & Knight 50 N Laura St. Suite 3900 Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Horizon Realty Management Inc. & Sonoma Southside Condo Assoc. & Atlantica Apartments are Additional Insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Horizon Realty Management Inc. & Sonoma Southside Condo Assoc. & Atlantica Apartments 7645 Gate Parkway Suite #202 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Hydradyne Hydraulics P.O. Box 760 Harvey, LA 70059-0760	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Iberia Bank 10161 Centurion Parkway, Suite 350 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

ICAT Logistics, Inc. 6805 Douglas Legum Dr. 3rd Floor Elkridge, MD 21075	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

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2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

ICAT Logistics, Inc. ICAT Transport, Inc. 6805 Douglas Legum Drive Elkridge, MD 21075	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



PRIOTRA-04

SHEPPARDS

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Dwight Funding, LLC, 787 Eleventh Avenue, 10th Floor, New York, NY 10019 And Ice Mule Company, 10 Versaggi Drive, St. Augustine, FL 32080

CERTIFICATE HOLDER

CANCELLATION

Ice Mule Company 10 Versaggi Drive Saint Augustine, FL 32080	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



PRIOTRA-04

SHEPPARDS

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
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INSURER F :			

COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Innovative Product Development LLC dba Vitachef 1712 Hendricks Ave. Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
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COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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CANCELLATION

Integrated Community Oncology 9143 Philips Highway, Ste 560 Jacksonville, FL 32256	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

iOmni LLC 12935 SW Bayshore Dr #400A Traverse City, MI 49684	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Jacksonville Orthopedic Institute 1325 San Marco Blvd Suite 701 Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Jacksonville Chrysler Jeep Dodge Ram 11101 Nursery Field Drive Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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COVERAGES

CERTIFICATE NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Jacksonville Public Library 303 North Laura Street Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
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A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Jacksonville Regional Chamber of Commerce 1300 Marsh Landing Pkwy. #108 Jacksonville Beach, FL 32250	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CBRE, Inc and Jacksonville Tower Florida Realty, LP, Group RMC c/o CBRE are Additional Insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Jacksonville Tower Florida Realty, LP, RMC Group c/o CBRE 50 North Laura Street Suite 2225 Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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.

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Jacobson Logistics Company P. O. Box 3370 Des Moines, IA 50316	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Certificate holder is Additional Insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

JEA Customer Care Center 21 W Church St. 6th Floor Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

JW Realty Group 294 Lincoln Street Suite 1 Allston, MA 02134	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

JZ Expedited Logistics 3263 Southside Blvd. Jacksonville, FL 32216	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

JZI Logistics Solutions RoadOne Company 1111 Imeson Park Blvd. Jacksonville, FL 32218	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

K&C Logistics, LLC P. O. Box 487 Victorville, CA 92394	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Kauffman Tire, Inc. c/o The McCart Group is Additional Insured with regards to general liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Kauffman Tire, Inc. c/o The McCart Group 2405 Satellite Blvd. Suite 200 Duluth, GA 30096	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

KCI 8023 Vantage Drive San Antonio, TX 78230	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000


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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Kelly Moore, Inc. 432 Beatty Road Ruston, LA 71270	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 



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Kindred Hospital North Florida 801 Oak Street Green Cove Springs, FL 32043	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Kinetic Concepts, INC. PO Box 659508 San Antonio, TX 78265-9508	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Kingsgate Transportation Co 8917 Eagleridge Court West Chester, OH 45069	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

KPMG, LLP 501 Riverside Avenue Suite 500 Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Landstar Express America P.O. Box 19136 Jacksonville, FL 32245	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Lasership Inc. is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Lasership Inc. 1912 Woodford Rd. Vienna, VA 22182	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>		BODILY INJURY (Per person)				\$	
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/>			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		AGGREGATE				\$ 3,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

LifeSouth Community Blood Centers 7840 Baymeadows Way Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Living Well Stores, Inc. 10752 Deerwood Park Blvd S. Waterview II Ste 100 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

LNR Millennium Manager, Inc. & CB Richard Ellis, Inc. 3947 Boulevard Center Dr Ste 5 Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Logistical Services P. O. Box 270063 West Hartford, CT 06127-0063	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Louis Dreyfus Commodities LLC 7255 Goodlett Farms Pkwy Cordova, TN 38016	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

M.M. Grinnan Company 12443 San Jose Blvd #901 Jacksonville, FL 32223	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Mach 1 Air Services, Inc. 1530 W Broadway Road Tempe, AZ 85282	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Madden Branded Goods 20 Lake Wire Drive, Suite 150 Lakeland, FL 33815	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Main Recycling Company LLLP is Additional Insured(s) with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Main Recycling Company LLLP 1352 W. Beaver Street Jacksonville, FL 32209	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Mallory Alexander Int'l 4294 Swinnea Road Memphis, TN 38118	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Mark XVI Transportation Solutions 1838 West Parkside Lane Ste 100 Phoenix, AZ 85027	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Matheny Imports, Inc. 11211 Atlantic Blvd. Jacksonville, FL 32225	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Matheny Jaguar 11211 Atlantic Blvd Jacksonville, FL 32225	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Maudlin International Truck and Trailer 1881 Picketville Road Jacksonville, FL 32220	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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INSURER E :		
INSURER F :		

COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Med-Line Express Services, Inc. 2301 W. Sample Road Bldg. 5, Suite A Pompano Beach, FL 33073	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

MedSpeed 140 W Industrial Dr Elmhurst, IL 60126	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Megatrux, Inc. 9449 8th Street Rancho Cucamonga, CA 91730	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Melt Body Health 2080 Lesperane Road Windsor ON N8N 2N4	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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CERTIFICATE HOLDER

CANCELLATION

Merit Freight Systems 1566 Carmen Drive Elk Grove Village, IL 60007	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
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INSURER F :			

COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
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CERTIFICATE HOLDER

CANCELLATION

Miriam Jesselli and Co dba Buco Handbags; dba Jessille Couture 1220 US Hwy One Ste. F North Palm Beach, FL 33408	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 



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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.

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

MMC-America is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

MMC-America 4344 Philips Hwy Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

MXD Group, Inc., its parent, affiliates and related entities, and its successors and assigns is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

MXD Group, Inc. Waters Edge II Dept 500 7795 Walton Parkway New Albany, OH 43054	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Nassau County Clerk of Court 76347 Veterans Way Yulee, FL 32097	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Nationwide Delivery Service is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Nationwide Delivery Service 1601 Blackbird Lane Howell, MI 48843	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Net Tech 13400 Sutton Park Dr S #901 Jacksonville, FL 32224	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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10/6/2023

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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).

PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Network Global Logistics, LLC and NGL Warehouse, LLC are Additional Insureds with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Network Global Logistics, LLC P. O. Box 12010 - NT Hemet, CA 92546-8010	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard PHONE (A/C, No, Ext): (386) 267-4196 E-MAIL ADDRESS: stacie.sheppard@ioausa.com FAX (A/C, No): (904) 448-9788
	INSURER(S) AFFORDING COVERAGE INSURER A: United National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	NAIC # 13064

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 CYBER \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Newcom Development, LLC is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

NEWCOM DEVELOPMENT, LLC 12412 San Jose Blvd. Suite 404 Jacksonville, FL 32223	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
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PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Nishuva, Inc. is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Nishuva, Inc. 3750 Hudson Manor Terrace 1CE Bronx, NY 10463	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Nonstop Delivery, Inc. P.O. Box 222190 Chantilly, VA 20151	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Nootie, LLC 6421 Congress Avenue Suite 121 Boca Raton, FL 33487	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Northeast II, Inc. dba TC Delivers, TC Specialties Co. is an Additional Insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Northeast II, Inc. dba TC Delivers, TC Specialties Co. 5911 Philips Hwy. Jacksonville, FL 32216-5916	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

NSD, Inc. 4500 Southgate Place, Ste 300 Chantilly, VA 20151	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

NVC Logistics Group, Inc. One Pond Road Rockleigh, NJ 07647	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Parmenter Company 50 N. Laura Street Ste. 1000 Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Paxon Company 1111 Ingleside Road Norfolk, VA 23502	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Paychex 5022 Gate Parkway, Suite 504 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
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A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

PEI Logistics 598 Red Oak Rd Stockbridge, GA 30281	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Performance Freight Systems P.O. Box 518 Rancho Cucamonga, CA 91729	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
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COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

PGA Tour First Tee Foundation, Inc. 13000 Sawgrass Circle Building 4 Ponte Vedra Beach, FL 32082	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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INSURER E :		
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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Pilot Freight Systems P.O. Box 97 Glen Riddle Lima, PA 19037	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Pitney Bowes Global Financial Services, LLC is Additional Insured with regards to General Liability when required by written contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

Pitney Bowes Global Financial Services, LLC P. O. Box 909 Shelton, CT 06484-0949	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Precision Logistics Group 14591 Grand Ave. S. Burnsville, MN 55306	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Priority Sign 10579 165th St. Lakeville, MN 55044	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Priority Sign, Inc. 837 Riverfront Drive Suite 300 Sheboygan, WI 53081	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Priority Solutions 333 Grandview Pkwy Ste 111 Traverse City, MI 49684	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Pro Trans Logistics, Inc. PO Box 880 Deer Park, TX 77536-0880	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

ProCourier 25 Hurlbut Street West Hartford, CT 06110	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Prosource 5250 Sunbeam Road Jacksonville, FL 32257	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Prudential Financial 701 San Marco Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Prudential Insurance 213 Washington Street Newark, NJ 07102	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Q.W Express/World Color Olive Branch 1000 Remington Blvd Suite 300 Bolingbrook, IL 60440	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Radcraft, Inc. 7935 A1A South Saint Augustine, FL 32080	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Real Property Management 10365 Hood Road Suite 107 Jacksonville, FL 32257	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Red-D-Arc Welderentals 10418 New Berlin Rd #101 Jacksonville, FL 32226	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Redmarket Inc/R M Logistic is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Redmarket Inc/R M Logistic 507 Place d'Armes- 400 Montreal, Qc H2Y 2W8	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Registry Monitoring Insurance Services, Inc. 5388 Sterling Center Drive Westlake Village, CA 91361	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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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).

PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
			E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

RGH Enterprises 1810 Summit Commerce Park Twinsburg, OH 44087	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

RICON 70 Valley Stream Parkway Malvern, PA 19355	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

RLR Investments 1800 W University Ave Gainesville, FL 32603	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
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	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

RoadOne Intermodalogistic Inc 3201 Centurion Way Unit B Joliet, IL 60436	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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CERTIFICATE HOLDER

CANCELLATION

Rogers Towers, P.A. 1301 Riverplace Blvd #1500 Jacksonville, FL 32207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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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).

PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Romp and Roost Cappy Bugs, LLC 440 St. Johns Golf Dr. Saint Augustine, FL 32092	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Rxpert Pharmacy 4239 Sunbeam Road #1 Jacksonville, FL 32257	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



PRIOTRA-04

SHEPPARDS

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DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
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							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
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A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Sadler Point Marina 4669 Roosevelt Blvd Jacksonville, FL 32210	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

San Jose Center Corporation is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

San Jose Center Corporation P.O. Box 47276 Jacksonville, FL 32247	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
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			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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Locations:

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CERTIFICATE HOLDER

CANCELLATION

San Jose Center Corporation 8823 San Jose Blvd. Suite 310 Jacksonville, FL 32217	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Schultz Construction Suite 4 Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

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2950 Powers Ave., Jacksonville, FL 32207

Schwarz Partners, LP, MaxPak is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Schwarz Partners, LP, MaxPak 3600 Woodview Trace Suite 300 Indianapolis, IN 46268	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Scott-McRae Automotive Group LLLP Attn: JoAnne Ackman, Risk Manager 701 Riverside Park PL. Ste 310 Jacksonville, FL 32204	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



PRIOTRA-04

SHEPPARDS

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Scott-McRae Group, Inc. et.al. 701 Riverside Park Place #310 Jacksonville, FL 32204	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
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A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

SCP Distributors LLC 2900 Dawn Rd Jacksonville, FL 32207	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



PRIOTRA-04

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Sea Breeze Food Services 3807 N Edgewood Avenue Jacksonville, FL 32254	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

CERTIFICATE NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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2950 Powers Ave., Jacksonville, FL 32207

Service By Air is Additional Insured with regards to general liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Service By Air Attn: Kathleen McLaughlin 222 Crossways Park Drive Woodbury, NY 11797	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Shippers Warehouse of Georgia 1491 Mt. Zion Road Morrow, GA 30260	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

SJ Display Group 3 Forbes Close Knoxfield VIC 3180, Australia	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



PRIOTRA-04

SHEPPARDS

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DATE (MM/DD/YYYY)

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	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
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A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Somerset Logistics 2159 N Thompson Lane B-8 Murfreesboro, TN 37129	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



PRIOTRA-04

SHEPPARDS

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	PHONE (A/C, No, Ext): (386) 267-4196	
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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Spectrum Trucking Co., Inc. DBA Spectrum Logistics 10550 Deerwood Park Blvd Suite 509 Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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).

PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
			E.L. DISEASE - EA EMPLOYEE \$				
			E.L. DISEASE - POLICY LIMIT \$				
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Stat Experts, Inc. 6704 Whitestone Rd Gwynn Oak, MD 21207	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Synergy Global Logistics 5504 Casa Vedra Court Jacksonville, FL 32244	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788 E-MAIL ADDRESS: stacie.sheppard@ioausa.com
	INSURER(S) AFFORDING COVERAGE INSURER A: United National Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	NAIC # 13064

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 CYBER \$ 100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Loan 16200203800000011, 1620007240140014, 165143557-10 & 162000724-10

CERTIFICATE HOLDER

CANCELLATION

Synovus Bank, ISAOA ATIMA P.O. Box 200016 Kennesaw, GA 30156	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
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PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input checked="" type="checkbox"/> RETENTION \$ 10,000		AGGREGATE				\$ 3,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Sysco Corporation its Subsidiaries, Affiliates & Divisions / Ins. Compliance are Additional Insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Sysco Corporation its Subsidiaries, Affiliates & Divisions / Ins. Compliance PO Box 12010-CY Hemet, CA 92546-8010	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Sysco Corporation Its subsidiaries, affiliates, and divisions PO Box 41565 Jacksonville, FL 32203	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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).

PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

T.L. Cannon Corp., TLC West, LLC, TLC Central, LLC, TLC East, LLC, TLC Utica, LLC or T.L. Cannon Management Corp. (collectively, T.L. Cannon Corp. and Affiliated) are Additional Insureds with respect to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

T.L. Cannon Corp. & Affiliates 220 Ponte Vedra Park Drive, Suite 100 Ponte Vedra Beach, FL 32082	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Tampa Eye Bank 1410 North 21st Street Tampa, FL 33605	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N <input type="checkbox"/> N / A	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location	500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Target Contractors Inc dba TCI Construction Company are Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Target Contractors Inc dba TCI Construction Company 1 Sleiman Parkway, Suite 100 Jacksonville, FL 32216	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Team Worldwide P. O. Box 668 Winnsboro, TX 75494	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

TForce Logistics LLC; TForce Critical; TForce Final Mile, LLC and TForce Final Mile West, LLC are Additional Insured with regards to general liability when required by written contract. Waiver of Subrogation applies in favor of the additional insureds with respects to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

TForce Logistics, LLC; TForce Critical; TForce Final Mile, LLC and TForce Final Mile West, LLC 14887 Quorum Drive Suite #700 Dallas, TX 75254	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

The Millennium Group 106 Apple Street #207 Tinton Falls, NJ 07724	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

The Supply Source is Additional Insured with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

The Supply Source 7076 Davis Creed Rd Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

The Wholesale House 8320 Baycenter Rd. Jacksonville, FL 32256	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

TIAA FSB Holdings, Inc. its subsidiaries and affiliates including its directors, officers, employees and volunteers (fka EverBank Financial Corp and EverBank) are Additional Insureds with respects to General Liability and Excess Liability insurance policies.

CERTIFICATE HOLDER

CANCELLATION

TIAA, FSB Attn: Anna Deluca 301 W. Bay Street Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

TileCera, Inc. 300 Arcata Blvd. Clarksville, TN 37040	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Total Integrated Services P.O. Box 270063 West Hartford, CT 06107	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Total Quality Logistics P O Box 799 Milford, OH 45150	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

TransCore 11000 SW Stratus, Suite 200 Beaverton, OR 97008	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
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INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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4344 Phillips Highway, Jacksonville, FL 32207
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CERTIFICATE HOLDER

CANCELLATION

Transport Express, LLC 3275 Mike Collins Drive Eagan, MN 55121	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Transwestern 4041 Seaboard Road Orlando, FL 32808	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Unisource 330 Stevens Street Jacksonville, FL 32254	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

United States Gypsum Company P.O. Box 9579 Jacksonville, FL 32208	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Universal Medical Inc. 720 Brooker Creek Blvd, Suite 210 Oldsmar, FL 34677	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
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Locations:

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4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Unlimited Logistics 7500 W 161st St. Stilwell, KS 66085	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
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INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A		E.L. EACH ACCIDENT \$				
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

UPS Supply Chain Solutions Carrier Relations 12380 Morris Rd-Suite 400 Alpharetta, GA 30005	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

Courier Services: 4344 Phillips Highway, Jacksonville, FL 32256

CERTIFICATE HOLDER

CANCELLATION

UPS Supply Chain Solutions/Carrier Relations 4600 Walgreen Road Jacksonville, FL 32209	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location 500,000

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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

VV USA City, L.P., INVESCO Real Estate Germany, Jones Lang LaSalle Americas, Inc are Additional Insureds with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

VV USA City, LP – c/o Jones Lang LaSalle 200 East Broward Blvd. Suite 1105 Fort Lauderdale, FL 33301	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Vystar Credit Union 4949 Blanding Boulevard Jacksonville, FL 32210	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196	FAX (A/C, No): (904) 448-9788
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Wachovia Bank 225 Water St., 4th Floor Jacksonville, FL 32202	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
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COVERAGES

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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
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			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
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Wachovia Bank, National Association, Its Successors and Assigns, ATIMA are Additional Insureds with respects to General Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Wachovia Bank N.A. P.O. Box 700308 Dallas, TX 75370	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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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).

PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	
	PHONE (A/C, No, Ext): (386) 267-4196 FAX (A/C, No): (904) 448-9788	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Wells Fargo Commercial Distribution Finance LLC PO Box 35703 Billings, MT 59107	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



PRIOTRA-04

SHEPPARDS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2023

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788
	PHONE (A/C, No, Ext): (386) 267-4196	
	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United National Insurance Company	13064
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 3,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:						CYBER \$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 3,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty \$ 100,000
A	Warehouse Legal Liab			PAC7246135	9/30/2023	9/30/2024	Per Location \$ 500,000

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

Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Winn Dixie 5050 Edgewood Court Jacksonville, FL 32254	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



PRIOTRA-04

SHEPPARDS

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PRODUCER Insurance Office of America 1 Sleiman Parkway Suite 130 Jacksonville, FL 32216	CONTACT NAME: Stacie Sheppard	FAX (A/C, No): (904) 448-9788	
	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
INSURED Priority Transportation Group, Inc dba Priority Couriers Fulfillment Shipping & Handling Inc, Lockmed of FL Inc, Priority Delivery Inc 4344 Phillips Hwy Jacksonville, FL 32207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : United National Insurance Company		13064
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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A	COMMERCIAL GENERAL LIABILITY			PAC7246135	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	E.L. EACH ACCIDENT				\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	E.L. DISEASE - EA EMPLOYEE				\$	
			E.L. DISEASE - POLICY LIMIT				\$	
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
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Locations:

4011 Morton Street, Jacksonville, FL 32217
4344 Phillips Highway, Jacksonville, FL 32207
2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

Wood Development Company of Jacksonville 414 Old Hard Road, Suite 502 Fleming Island, FL 32003	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



PRIOTRA-04

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	PHONE (A/C, No, Ext): (386) 267-4196	E-MAIL ADDRESS: stacie.sheppard@ioausa.com	
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	INSURER A : United National Insurance Company		13064
	INSURER B :		
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
			MED EXP (Any one person)				\$ 10,000	
			PERSONAL & ADV INJURY				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						CYBER	\$ 100,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			XPA0006819	9/30/2023	9/30/2024	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE		AGGREGATE				\$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Crime			PAC7246135	9/30/2023	9/30/2024	Employee Dishonesty	100,000
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2950 Powers Ave., Jacksonville, FL 32207

CERTIFICATE HOLDER

CANCELLATION

YourFreightRate.com, LLC 5849 Production Way Valdosta, GA 31606	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