






Indigo Transport Requires 4 Types of Insurance

Insurance Type	Detail	Limit Required	Endorsements Requested	Other Requirements	Other Detail
1  Commercial General Liability	<ul style="list-style-type: none"> Covering the transportation of commodities and other operations under any Indigo transportation program, and covering carrier's contractual liability under any agreement with Indigo 	<ul style="list-style-type: none"> \$1M per occurrence 	<ul style="list-style-type: none"> 30-day Notice of Cancellation / Modification 	<ul style="list-style-type: none"> Additional Insured Box Must Be Checked 	<ul style="list-style-type: none"> Box for Occur must be checked
2  Automotive Liability	<ul style="list-style-type: none"> Covering all owned, non-owned, and hired vehicles (including any trailers provided by Indigo or any other party) 	<ul style="list-style-type: none"> \$1M per occurrence for bodily injury or property damage, or such larger amount as required by law 	<ul style="list-style-type: none"> 30-day Notice of Cancellation / Modification 	<ul style="list-style-type: none"> Additional Insured Box Must Be Checked 	<ul style="list-style-type: none"> Boxes for Hired Autos, Non-Owned Autos, and Scheduled Autos must be checked
3  Broad Form Motor Truck Cargo	<ul style="list-style-type: none"> Coverage shall have no exclusions or restrictions that would foreseeably preclude coverage relating to cargo claims, including but not limited to, exclusions for unattended or unattached trailers, theft, commodities transported under any Indigo agreement, refrigerator breakdown or lack of refrigerator fuel. Indigo Ag shall be named as a Loss Payee to the extent of their interest in the cargo. 	<ul style="list-style-type: none"> \$25K per occurrence 	<ul style="list-style-type: none"> Loss Payee 30-day Notice of Cancellation / Modification 		<ul style="list-style-type: none"> Broad Form Requested, but not required
4  Worker's Comp / Employer's Liability		<ul style="list-style-type: none"> Per statute for WC, and Employer's Liability of \$500K per person / accident / occupational disease 	<ul style="list-style-type: none"> 30-day Notice of Cancellation / Modification 		
 Insurance Carrier Rating		<ul style="list-style-type: none"> Insurance carrier must be rated at least A-VII by A.M. Best 			

CERTIFICATE OF LIABILITY INSURANCE

Date: MM/DD/YY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: Fax: Name & Address of Producer	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Name & Address of Insured	INSURER A: AM Best Rating A-, VII Or Better provide INSURER B: AM Best Rating A-, VII Or Better provide INSURER C: AM Best Rating A-, VII Or Better provide INSURER D: AM Best Rating A-, VII Or Better provide

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GENERAL AGG. LIABILITY APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y					EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED. EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS -COMP/OP AGG
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	Y					COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L.EACH ACCIDENT \$500,000 E.L.DISEASE - EA EMPLOYEE \$500,000 E.L.DISEASE - POLICY LIMIT \$500,000

Broad Form Motor Cargo: Each Occurrence \$25,000

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

-Certificate must indicate Indigo Transport, LLC is named as Additional Insured for General Liability and Auto Liability.
 -Broad Form Motor Cargo: must name Indigo Transport, LLC as Loss Payee.

CERTIFICATE HOLDER INDIGO TRANSPORT, LLC 50 SOUTH BB KING BLVD MEMPHIS, TN 38103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Certificate Must be Signed
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