



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2026

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

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

PRODUCER TrueNorth Companies, L.C. 500 1st St SE Cedar Rapids IA 52401	CONTACT NAME: Transportation	
	PHONE (A/C, No, Ext): 877-490-0177	FAX (A/C, No): 319-362-5131
INSURED Magnum LTD, Magnum LTL, Inc., Magnum Dedicated, Inc. Magnum Logistics, Magnum Warehouse, Magnum Investments, LLC 3000 7th Ave N Fargo ND 58102	E-MAIL ADDRESS: service@truenorthcompanies.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Protective Insurance Company	12416
	INSURER B: Safety First Insurance Company	11123
	INSURER C: Travelers Property Casualty Company of America	25674
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 908701346

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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X-2000	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 1,000,000								
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ Included								
					MED EXP (Any one person)	\$ Included								
					PERSONAL & ADV INJURY	\$ 1,000,000								
					GENERAL AGGREGATE	\$ 2,000,000								
					PRODUCTS - COMP/OP AGG	\$ 2,000,000								
					OTHER:	\$								
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X-2000	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000								
					BODILY INJURY (Per person)	\$								
					BODILY INJURY (Per accident)	\$								
					PROPERTY DAMAGE (Per accident)	\$								
					OTHER:	\$								
						UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$	CLAIMS-MADE			EACH OCCURRENCE	\$			
										AGGREGATE	\$			
OTHER:	\$													
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A	WC4068628	1/1/2026						PER STATUTE	OTHER			
										E.L. EACH ACCIDENT	\$ 1,000,000			
										E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
										E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
					OTHER:	\$								
					C	Motor Truck Cargo including Reefer Brkdwn		QT-630-B8446714-TIL-25	10/1/2025	10/1/2026	Limit / Ded	\$100,000 / \$25,000		

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

CERTIFICATE HOLDER

CANCELLATION

To Whom It May Concern	SHOULD ANY 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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