



CERTIFICATE OF LIABILITY INSURANCE

10/1/2025

DATE (MM/DD/YYYY)

9/26/2024

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 Lockton Companies, LLC 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: Carrie Nelson	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS: cnelson@lockton.com	
INSURED 1536441 FORWARD AIR, LLC FORWARD AIR LOGISTICS SERVICES, LLC 1915 SNAPPS FERRY RD GREENEVILLE TN 37745	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : ACE American Insurance Company		22667
	INSURER B : Houston Casualty Company		42374
	INSURER C : Sentry Insurance Company *(See Attached)		24988
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: 20230188 REVISION NUMBER: XXXXXXXX

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	N	N	XSLG48915504	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
C C C	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 <input checked="" type="checkbox"/> N	N/A	9015617001 9015617002 9015617003	10/1/2024 10/1/2024 10/1/2024	10/1/2025 10/1/2025 10/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B B	CARGO THIRD PARTY LIAB (BROKER OPS ONLY)	N	N	LDCH000277-00.. LDCH000277-00...	10/1/2024 10/1/2024	10/1/2025 10/1/2025	\$250,000 PER OCCURRENCE \$1,000,000 PER OCCURRENCE

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

CERTIFICATE HOLDER**CANCELLATION** See Attachment

20230188
FOR INFORMATION 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

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* Producer of Sentry Insurance Company's Workers' Compensation policies:

ALLIANT INSURANCE SERVICES, INC.
520 W. SUMMIT HILL DRIVE, SUITE 1005
KNOXVILLE, TN 37902
LICENSE # BR-1359321

WORKERS COMPENSATION NAMED INSURED SCHEDULE:

- FORWARD AIR CORPORATION
- FORWARD AIR, INC.
- FORWARD AIR ROYALTY, LLC
- FORWARD AIR SERVICES, LLC
- FORWARD AIR TECHNOLOGY AND LOGISTICS SERVICES, INC
- FORWARD AIR LOGISTICS SERVICES, INC DBA FORWARD AIR LOGISTICS SERVICES
- FORWARD AIR LOGISTICS SERVICES, INC DBA TOTAL QUALITY, INC
- FACSBI, LLC
- FAF, INC
- SYNERGY CARGO LOGISTICS, INC
- TOWNE HOLDINGS, LLC
- TOWNE AIR FREIGHT, LLC
- TOTAL QUALITY, INC
- TQI INC
- TQI HOLDINGS, LLC
- TQI INC DBA FORWARD AIR TRUCKLOAD SERVICES
- TQI INC DBA FORWARD TRUCKLOAD
- TQI INC DBA FORWARD COMPLETE
- TAF, LLC
- CENTRAL STATES TRUCKING CO
- CENTRAL STATE LOGISTICS INC
- FAF, INC DBA FORWARD AIR TRANSPORTATION SERVICES, INC
- FAF, INC DBA FORWARD LTL
- OMNI LOGISTICS, LLC
- A G WORLD TRANSPORT, INC.
- MILLHOUSE EXPRESS SERVICES, LLC
- MILLHOUSE EXPRESS, LLC
- MILLHOUSE LOGISTICS SERVICES, LLC
- AG CUSTOMS BROKERAGE, INC.
- BIGGER, FARTHER, FASTER, LLC
- EPIC FREIGHT SOLUTIONS LLC
- EVOLVE SUPPLY CHAINS SOLUTIONS, LLC
- GROUND EXPRESS SERVICES, INC.
- VIA SERVICES, LLC
- MACH 1 AIRSERVICES LLC
- OMNI TRADESERVICES, LLC
- PACIFIC LOGISTICS, LLC
- TRINITY LOGISTICS USA, INC.
- FORWARD AIR, LLC
- TQI LLC
- FAF LLC