

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/28/2026

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

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

| <b>PRODUCER</b><br>Acrisure<br>P.O. Box 510187<br>New Berlin WI 53151                                                           | <b>CONTACT NAME:</b> Melissa Wolff<br><b>PHONE (A/C, No, Ext):</b> 262-787-9700 <b>FAX (A/C, No):</b> 262-787-9700<br><b>E-MAIL ADDRESS:</b> mewolff@acrisure.com                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                                         |       |                                                            |       |                                                        |       |             |  |             |  |             |  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-----------------------------------------|-------|------------------------------------------------------------|-------|--------------------------------------------------------|-------|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Jung's Trucking Inc dba: Jung Express & Jung Logistics, Inc.<br>201 W. Air Cargo Way #6<br>Milwaukee WI 53207 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : West Bend Insurance Company</td> <td>15350</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Company of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : American Alternative Insurance Corporation</td> <td>19720</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : West Bend Insurance Company | 15350 | INSURER B : Travelers Property Casualty Company of America | 25674 | INSURER C : American Alternative Insurance Corporation | 19720 | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                   | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                                         |       |                                                            |       |                                                        |       |             |  |             |  |             |  |
| INSURER A : West Bend Insurance Company                                                                                         | 15350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                         |       |                                                            |       |                                                        |       |             |  |             |  |             |  |
| INSURER B : Travelers Property Casualty Company of America                                                                      | 25674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                         |       |                                                            |       |                                                        |       |             |  |             |  |             |  |
| INSURER C : American Alternative Insurance Corporation                                                                          | 19720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                         |       |                                                            |       |                                                        |       |             |  |             |  |             |  |
| INSURER D :                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                         |       |                                                            |       |                                                        |       |             |  |             |  |             |  |
| INSURER E :                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                         |       |                                                            |       |                                                        |       |             |  |             |  |             |  |
| INSURER F :                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                         |       |                                                            |       |                                                        |       |             |  |             |  |             |  |

## COVERAGES

CERTIFICATE NUMBER: 1208578662

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                          | ADDL INSD | SUBR WVD | POLICY NUMBER               | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                                                           |           |          | 0427546                     | 7/28/2026               | 7/28/2027               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> MCS90 Endst |           |          | 0427546                     | 7/28/2026               | 7/28/2027               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>MCS90 Endorsement \$ 750,000                                                       |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$                                                                                                                         |           |          | 0427546                     | 7/28/2026               | 7/28/2027               | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000<br>\$                                                                                                                                                                                    |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y/N       | N/A      | 0430061                     | 7/28/2026               | 7/28/2027               | PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                                                                                 |
| B<br>C   | Motor Truck Cargo<br>ICC Broker Bond                                                                                                                                                                                                                                                                                       |           |          | QT6609510L248<br>2013120089 | 7/28/2026<br>10/1/2025  | 7/28/2027<br>10/1/2026  | Cargo Limit 300,000<br>Bond Limit 75,000                                                                                                                                                                                                        |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 \*WC Excludes John & Cathlyne Jung

## CERTIFICATE HOLDER

## CANCELLATION

|                                                           |                                                                                                                                                                                                        |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jung Express<br>201 W Air Cargo Way<br>Milwaukee WI 53207 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|