



Shipper and Carrier  
Supply Chain Management

800 Leisure Lake Drive 2P  
Warner Robins, GA 31088

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(478) 200-7552

## MOTOR CARRIER INSURANCE REQUEST

**TO:** Carriers Insurance Agent  
**INSURED:** Motor Carrier  
**RE:** Certificate Of Insurance

### DEAR INSURANCE AGENT:

This Insured is requesting that you provide a Certificate of Insurance to Forten Logistics.

### COVERAGE

Carrier must provide a current Certificate of Insurance with the agent signature. The Carrier's (insured) name and address must be the same as company executing the Carrier Agreement. Carrier shall at all times during the term of this agreement have and maintain in full force and effect.

### REQUIREMENTS:

- 1) Provide Policy Numbers, deductible amounts (no greater than \$10,000.00), and 30 day modification/cancellation notice:
- 2) Comprehensive General Liability and Automobile Liability insurance, including blanket contractual coverage, for bodily injury and tangible property damage in the following amounts: (i) general liability: one million dollars (\$1,000,000) each occurrence, and (ii) automobile liability: one million dollars (\$1,000,000.00) each accident, single limit, bodily injury und property damage combined;
- 3) Motor Carrier Cargo Liability insurance in an amount not less than one hundred thousand dollars (\$100,000.00) per incident and each policy shall not exclude coverage for fraud, dishonesty or criminal acts of Carrier's employees, agent, officers or directors:

Thank you for your promptness in handling this important request. Please return the Insurance Certificate with our company listed as an **"ADDITIONALLY INSURED"** to our offices below via email or facsimile:

### Forten Logistics

Cameo Wade, Owner  
800 Leisure Lake Drive 2P  
Warner Robins, GA 31088