

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/11/2017

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 | | | CONTACT NAME: | | | | |
| Mustard Seed Financial | . & | Ins. | PHONE (A/C, No, Ext): (208) 376-3613 FAX (A/C, No): (2 | | | | |
| 501 S Main St | | | E-MAIL ADDRESS: | | | | |
| | | | INSURER(S) AFFORDING COVERAGE | | NAIC # | | |
| Meridian | ID | 83642 | INSURER A: Sentry Insurance | | | | |
| INSURED | | | INSURER B:State Insurance Fund | | | | |
| SPI Transportation Inc | ٠, | | INSURER C:Travelers Insurance Companies | | | | |
| DBA: Silver Pacific E | xpr | ess | INSURER D: | | | | |
| PO Box 100 | | | INSURER E: | | | | |
| Kuna | ID | 83634 | INSURER F: | | | | |
| COVERAGES CERTIFICATE NUMBER:LIAB/CARGO/GL/WC 17-18 REVISION NUMBER: | | | | | | | |

COVERAGES CERTIFICATE NUMBER:LIAB/CARGO/GL/WC 17-18

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

| | EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES. LIMITS SHOWN MAT HAVE BEEN REDUCED BY FAID CLAIMS. | | | | | | | | | | | |
|-------------|--|---|--|-------------|------------------------|----------------------------|----------------------------|---|--------------|--|--|--|
| INSR LTR | TYPE OF INSURANCE | | | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | |
| | х | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ 1,000,000 | | | |
| A | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | | | |
| | | | | | A0016893001 | 2/19/2017 | 2/19/2018 | MED EXP (Any one person) | \$ 5,000 | | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | | | |
| | X | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 | | | |
| | | OTHER: | | | | | | Employee Benefits | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | |
| l a | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | | | |
| ^ | | ALL OWNED X SCHEDULED AUTOS | | | A0016893001 | 2/19/2017 | 2/19/2018 | BODILY INJURY (Per accident) | \$ | | | |
| | | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | | \$ | | | |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | | | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | | | |
| | | DED RETENTION\$ | | | | | | | \$ | | | |
| | | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | X PER OTH- STATUTE ER | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | 576525 | 4/1/2017 | 4/1/2018 | E.L. EACH ACCIDENT | \$ 100,000 | | | |
| В | - (managery mint) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 | | | |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 | | | |
| С | C MOTOR TRUCK CARGO | | | | QT 660-7D78674A TIL 16 | 8/15/2016 | 8/15/2017 | BROAD FORM | 100,000 | | | |
| | REFER BRKDOWN INCL | | | | | | | DEDUCTIBLE | 2,500 | | | |
| | | | | | | | | | | | | |

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

To Whom it May Concern Proof Of Insurance For Verification/Confirmation Phone (208)376-3613 Fax (208)658-1376

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

Kelly Link/ECHO

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