



Neighborhood Logistics Company, Inc
DBA Truckmen Corporation
Brokerage Division
5449 Bishop Rd - Geneva, OH 44041

Request for Certificate of Insurance

Date: _____

To: _____
Your Insurance Agent

From: _____
Carriers Company Name

Dear Insurance Agent:

The above named Carrier has applied to become a broker carrier for Neighborhood Logistics *dba* Truckmen Corp. In order to complete their application, we must have a current certificate of insurance on file naming the following as certificate holders:

**Neighborhood Logistics Company, Inc *dba* Truckmen Corporation
5449 Bishop Rd - Geneva, OH 44041**

The Certificate of Insurance must include the following information:

1. Coverage Amounts for Auto and Cargo (in U.S.funds)
 - a. Primary Cargo Insurance with a minimum of \$100,000 coverage
 - b. Auto Liability (including hired and non-owned auto liability uninsured/underinsured insurance) with a minimum of \$1,000,000 of coverage
 - c. Workers' compensation in accordance with state statutory limits
2. Policy must include a waiver of subrogation against the certificate holders.
3. Provide policy numbers, deductible amounts and indicate whether cargo coverage is All Risk, or Broad Form. Please indicate any exclusions, include schedules when referenced, and list level of non-owned equipment coverage for trailers, if applicable.
4. The certificate MUST BE SIGNED and include a cancellation clause of 30 days Insurance

**Agents – Please fax the completed Certificate of Insurance to:
440-466-7301 or westcottg@truckmen.com**

If you have any questions, please feel free to contact us:
Phone: 800-253-5308 x 104