Form H

UNIFORM MOTOR CARRIER CARGO CERTIFICATE OF INSURANCE

(Electronic Filing)

Filed with <u>Georgia Department of Public Safety</u>, (hereinafter called Department) (Name of Agency)

(Policy No)

This is to certify that the Vanliner Insurance Company (Name of Company) (herein after called Company) of One Premier Drive ,St. Louis ,MO ,63026 (Home Address of Company) has issued to SIGNATURE MOVING & DELIVERY SOLUTIONS, LLC of 4806 WRIGHT DRIVE, SUITE E, SMYRNA, GA, 30082 (Name of Motor Carrier) (Address of Motor Carrier) A policy or policies of insurance effective from $\underline{}$ 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide Cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Department_has jurisdiction or regulations promulgated in accordance therewith. Whenever requested, the Company agrees to furnish the Department a duplicate original of said policy or policies and all endorsements theron. This Certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Department, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Department. Countersigned at _3250 Interstate Drive ,Richfield ,OH ,44286 __On this _23rd day of ____ Aug_ (Address) Insurance Company File No. CGV 6176300-00 Erica Edmunds

(Signature of Authorized Representative)