

CARRIER INSURANCE REQUIREMENTS

- General Liability Insurance, including Contractual Liability Coverage, with a combined single limit of **\$1,000,000** per occurrence and **\$2,000,000** Aggregate. Provider's general liability insurance policies shall be primary and not contingent and shall not exclude coverage for infidelity, fraud, dishonesty, or criminal acts of Provider or of Provider Personnel, or Third-Party Carriers.
- Automobile Liability - bodily injury and property damage with a combined single limit of **\$1,000,000** per occurrence. The policy must include Hired Car Physical Damage Coverage with at least \$100,000 per occurrence. This coverage may not include mileage limitations or radius restrictions.

Accepted Coverages include:

Any Auto

All Owned, Hired Auto, Non- Owned (together)

OR

Scheduled Auto, Hired Auto, Non- Owned (together)

- a) Vehicle collision coverage in an amount necessary to insure the obligations with respect to the Vehicles contained in the agreement.
 - b) Scheduled Autos listed on COI
- Motor Truck Cargo Liability with not less than **\$50,000** per occurrence. Providers cargo insurance policies shall be primary and not contingent and shall not exclude coverage for infidelity, fraud, dishonesty, or criminal acts of Provider or of Provider Personnel or Third-Party Carriers.
 - Workers' Compensation, including an Alternate Employer Endorsement, covering all Provider Personnel and Third-Party Carriers, as required by applicable law
 - a) Employers Liability, with a combined single limit of **\$500,000** per each accident, \$500,000 for disease for each employee; \$500,000 disease – policy limit
 - Deductibles for each coverage shown on certificate. No policy shall have a deductible in excess of \$5,000.
 - Insurers affording coverage have an AM Best Rating of B+ or higher (**NAIC# of all insurers on COI**)
 - J.B. Hunt Transport, Inc. named as **Additional Insured** on **General Liability and Auto Liability**. Insurance Company must provide a COI and copies of all Additional Insured Endorsements. (**Also mark [X] or [Y] in ADDL INSD box provided on COI**)
 - J.B. Hunt Transport, Inc. named as **Loss Payee or Additionally Insured on Cargo Liability coverage**. A copy of the Loss Payee Endorsement (Loss Payee or Additionally Insured wording in Description of Operations box)
 - **Waiver of Subrogation** on behalf of Hunt and Hunt's Customers for **General Liability, Auto Liability and Workers' Compensation coverage**. Insurance Company must provide a COI marked correctly and copies of all Waiver of Subrogation Endorsements. (**Also mark [X] or [Y] in SUBR WVD box provided on COI**)
 - **Certificate holder Clause**: Certificate holder is named as an additional insured on the policies described above (with exception to the workers compensation)
 - Insurance Company must provide notice thirty (30) days written notice of change or expiration of policy
 - **J.B. Hunt Transport, Inc. listed as certificate holder**
J.B. Hunt Transport, Inc.
P.O. Box 1745
Lowell, AR 72745
 - (**Description Box wording**) CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ON ALL POLICIES EXCEPT WORKERS COMPENSATION AND AS LOSS PAYEE ON THE CARGO POLICY. THE FOREGOING COVERAGES WILL BE PRIMARY TO ANY INSURANCE MAINTAINED BY HUNT OR ITS CUSTOMER. ALL COVERAGES SHALL PROVIDE FOR A WAIVER OF SUBROGATION ON BEHALF OF HUNT AND HUNT'S CUSTOMERS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX/XX/XXXX

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 Producer Name Address City, State, Zip code	CONTACT NAME: Producer's contact name	
	PHONE (A/C, No., Ext): 000-000-0000 FAX (A/C, No.): 000-000-0000 E-MAIL ADDRESS: Poducer's_contact_Email_address@.com	
INSURED Insured Legal Company Name Address City, State, Zip code	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : INSURERS A AM Best Rating Name	XXXXXXXX
	INSURER B : INSURERS B AM Best Rating Name	XXXXXXXX
	INSURER C : INSURERS C AM Best Rating Name	XXXXXXXX
	INSURER D : INSURERS D AM Best Rating Name	XXXXXXXX
	INSURER E : INSURERS E AM Best Rating Name	XXXXXXXX
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: XXXXXXXX REVISION NUMBER: XXXXXXXX

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	ABC123	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	123ABC	xx/xx/xxxx	xx/xx/xxxx	* See other accepted policies below COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	123XYZ			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Motor Truck Cargo	Y		XYZ123	xx/xx/xxxx	xx/xx/xxxx	\$50,000 per occurrence

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED ON ALL POLICIES EXCEPT WORKERS COMPENSATION AND AS LOSS PAYEE ON THE CARGO POLICY. THE FOREGOING COVERAGES WILL BE PRIMARY TO ANY INSURANCE MAINTAINED BY HUNT OR ITS CUSTOMER. ALL COVERAGES SHALL PROVIDE FOR A WAIVER OF SUBROGATION ON BEHALF OF HUNT AND HUNT'S CUSTOMERS. WITH RESPECT TO THE POLICIES INDICATED ABOVE, COVERAGE EXTENDS TO THE NAMED INSURED'S OWNER OPERATORS, SUB-CONTRACTORS AND AGENTS REGARDING WORK BEING DONE UNDER THE ORDER OF THE NAMED INSURED ON BEHALF OF THE CERTIFICATE HOLDER.

(List all Scheduled Vehicles)

CERTIFICATE HOLDER

CANCELLATION

JB HUNT TRANSPORT
PO BOX 1745
LOWELL, AR 72745
FAX # 479-820-3140

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

Signature