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**SELECT LOGISTICS NETWORK INC.**

P. O. BOX 496  
CLINTON, IL  
61727

PH 217-935-6543  
800-353-9113  
FAX 217-935-0056

YOUR  
TRANSPORTATION  
SPECIALISTS

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**ATTN: CARRIER – YOU NEED TO FAX THIS TO  
YOUR INSURANCE AGENT OR INSURANCE COMPANY!**

**DO NOT FAX THIS BACK TO US** THAT WON'T DO ANY GOOD!!

To: Insurance Agent of Company listed below, as Carrier insured.  
Re: Certificate of Insurance (URGENT!)

Name of Carrier Insured: \_\_\_\_\_

Dear Sir or Madam,

I would like to request an insurance certificate for the above insured. Please include the following coverage: AUTO LIABILITY (1,000,000), GENERAL LIABILITY (1,000,000) and CARGO COVERAGE (100,000) with the policy number listed. Currency stated in USD. We require that we be named as certificate holder and be given a 30-day notice of cancellation. The certificate holder should read as follows:

Select Logistics Network Inc.  
P. O. Box 496  
Clinton, IL 61727

Please fax the certificate to 217-935-0056. Please follow with a certificate thru the mail. For any questions please call 217-935-6543.

Thank you,

Larry Johnson or Kay Tedrick  
Carrier Development