

# COMMANDER

## HEALTH SUPPLY

### COMMANDER HEALTH SUPPLY, LLC

**ISSUED TO:**

GIORGI TSOTSKOLARI

Deputy Minister of Ministry of Internally Displaced Persons from  
from Occupied Territories, Labour, Health and Social Affairs of  
the country of Georgia

118, AK. TSERETELI AVENUE, TBILISI, GEORGIA

[gtsotskolari@moh.gov.ge](mailto:gtsotskolari@moh.gov.ge)

### INVOICE

REF NO.: Commander-001-A

PROJECT: P173911

INVOICE DATE: October 9, 2020

DELIVERY: Shipped via DHL

STYLE NO.	DESCRIPTION	QUANTITY	CIP PRICE	TOTAL AMOUNT
5W003	GOGGLES, PROTECTIVE	27,000 PCS	US\$3.33	\$89,910.00
TOTAL				\$89,910.00

**PAYMENT METHOD:**

T/T PAYMENT

WELLS FARGO BANK

ACCOUNT NAME : COMMANDER HEALTH SUPPLY LLC

WIRE ROUTING NUMBER : 121-000-248

ACCOUNT NUMBER: 1490082599

**COMMANDER HEALTH SUPPLY, LLC**

1 SOUTHEAST WAY

BRONXVILLE, NY 10708

USA

TEL: (917) 612-2827

DUNS # 11-747-6537

# COMMANDER

## HEALTH SUPPLY

### COMMANDER HEALTH SUPPLY, LLC

**ISSUED TO:**

GIORGI TSOTSKOLAURI  
Deputy Minister of Ministry of Internally Displaced Persons from  
from Occupied Territories, Labour, Health and Social Affairs of  
the country of Georgia  
118, AK. TSERETELI AVENUE, TBILISI, GEORGIA  
[gtsotskolauri@moh.gov.ge](mailto:gtsotskolauri@moh.gov.ge)

### INVOICE

**REF NO.:** Commander-001-B  
**PROJECT:** P173911  
**INVOICE DATE:** October 9, 2020  
**DELIVERY:** Shipped via DHL

STYLE NO.	DESCRIPTION	QUANTITY	CIP PRICE	TOTAL AMOUNT
5W003	GOGGLES, PROTECTIVE	27,000 PCS	US\$3.33	\$89,910.00
TOTAL				\$89,910.00

**PAYMENT METHOD:**

T/T PAYMENT  
WELLS FARGO BANK  
ACCOUNT NAME : COMMANDER HEALTH SUPPLY LLC  
WIRE ROUTING NUMBER : 121-000-248  
ACCOUNT NUMBER: 1490082599

**COMMANDER HEALTH SUPPLY, LLC**

1 SOUTHEAST WAY  
BRONXVILLE, NY 10708  
USA  
TEL: (917) 612-2827  
DUNS # 11-747-6537



## COMMANDER HEALTH SUPPLY, LLC

**ISSUED TO:**

GIORGI TSOTSKOLAURI

Deputy Minister of Ministry of Internally Displaced Persons from  
from Occupied Territories, Labour, Health and Social Affairs of  
the country of Georgia

118, AK. TSERETELI AVENUE, TBILISI, GEORGIA

[gtsotskauri@moh.gov.ge](mailto:gtsotskauri@moh.gov.ge)

## SGS REIMBURSEMENT

**REF NO.:** Commander-001-SGS

**PROJECT:** P173911

**INVOICE DATE:** October 13, 2020

**DELIVERY:** Shipped via DHL

SGS INVOICE #	DESCRIPTION	INVOICE DATE	AMOUNT
NJEDT200714-2	FACTORY AUDIT	2020/07/14	USD \$650.00
QDHL2008009100MD	TESTING	2020/08/31	USD \$740.00
SUZHL200901	SAMPLING	2020/09/01	USD \$260.00
SUZHL200921	FINAL RANDOM INSPECTION (FRI)	2020/09/21	USD \$576.00
<b>TOTAL</b>			<b>USD \$2,226.00</b>

**PAYMENT METHOD:**

T/T PAYMENT

WELLS FARGO BANK

ACCOUNT NAME : COMMANDER HEALTH SUPPLY LLC

WIRE ROUTING NUMBER : 121-000-248

ACCOUNT NUMBER: 1490082599

**COMMANDER HEALTH SUPPLY, LLC**

1 SOUTHEAST WAY

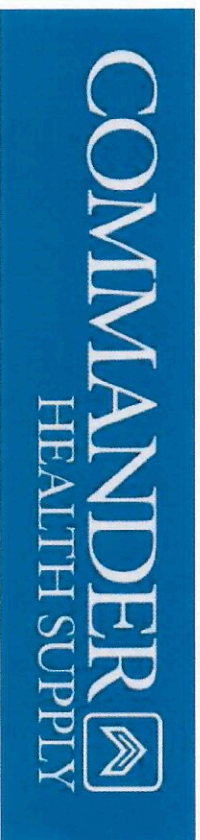
BRONXVILLE, NY 10708

USA

TEL: (917) 612-2827

DUNS # 11-747-6537





**COMMANDER HEALTH SUPPLY**  
**1 SOUTHEAST WAY, BRONXVILLE, NY 10708**  
**Phone: (917) 612-2827**

**Invoice #** MAS-20003-B  
**DATE:** 10-5-2020  
**Our Ref:**

**PO #** CH004  
**DESCRIPTION** GOGGLES, PROTECTIVE

VENDOR'S STYLE NO.:	CTN NO	COLOUR	# of	# OF	TTL PCS	N.W/ CTN (KGS)	TOTAL N.W/(KG S)	G.W/ CTN (KGS)	TOTAL G.W (KGS)	MEAS/CTN CM
			per CTN.	CTNS						
5W003	1-270		100	270	27000	7.88	2127.6	8.88	2397.6	31*40*49CM
Total				270	27000		2127.6		2397.6	15.552CBM



# COMMANDER HEALTH SUPPLY

1 SOUTHEAST WAY, BRONXVILLE, NY 10708

Phone: (917) 612-2827

Invoice#

MAS-20003-A

DATE:

10-5-2020

Our Ref:

PO#

CH004

DESCRIPTION

GOGGLES, PROTECTIVE

VENDOR'S STYLE NO.:	CTN NO	COLOUR	# of	# OF	TTL PCS	N.W/ CTN (KGS)	TOTAL N.W(KG S)	G.W/ CTN (KGS)	TOTAL G.W (KGS)	MEAS/CTN CM
			per CTN.	CTNS						
5W003	1-270		100	270	27000	7.88	2127.6	8.88	2397.6	31*40*49CM
Total				270	27000		2127.6		2397.6	15.552CBM



MAWB No.: 235-78804810



HAWB No.: P775172

Shipper's Name and Address SHENZHEN RAO-DONGHAI TRADING CO.LTD 18C, HAIKUOGE, HAILONG HUAYUAN, NO.193, FENGHUANG ROAD, FENGHUANG COMMUNITY, HUANGBEI STREET, LUOHU SHENZHEN CN Cindy xin		Shipper's Account Number <b>CNSHR226</b>		Not Negotiable <b>House Air Waybill</b>			
Consignee's Name and Address MINISTRY OF INTERNALLY DISPLACED PERSONS FROM THE LABOUR HEALTH AND SOCIAL AFFAIRS OF GEORGIA 144, AK. TSERETELI AVE TBILSI 0119 GE TE +995322510026 Giorgi Tsotskolauri		Consignee's Account Number <b>GEMIO001</b>		Issued by DHL GLOBAL FORWARDING CHINA CO LTD SHENZHEN BRANCH NO 12 SHIHUA ROAD, 7 & 9/F, PHILIPS RESEARCH & DEVELOPMENT BUILDING, FUTIAN FREE TRADE ZONE SHENZHEN 44 518038 CHINA		Station Code: SZX	
Notify COMMANDER HEALTH SUPPLY LLC 1 SOUTHEAST WAY BRONXVILLE, NY 10708 USA EMAIL: RICHARD@COMMANDER.HEALTH		Currency CNY		Declared Value for Carriage NVD	Declared Value for Customs NCV	Amount of Insurance XXX	
Airport of Origin <b>SZX, SHENZHEN</b>		Airport of Destination <b>TBS, TBILISI</b>		Flight 1 / date / via <b>TK6529 / 09 / ISL</b>		Flight 2 / date / via <b>TR2002 / 11 / IST</b>	
Reference Number(s)		Handling Information TK0376/13 AA7		Flight 3 / date / via <b>TK0376 / 13 / TBS</b>			
						SCI	
No. Of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
270	2406.0	K	Q	2734.5	As Agreed	As Agreed	GOGGLES HS CODE:9004909000 VOL 16.405 M3
270	2406.0					As Agreed	270 SLAC
Prepaid Freight Charges <b>As Agreed</b>		Collect Freight Charges <b>As Agreed</b>		Other Charges Breakdown <b>As Agreed</b>			
Valuation Charges <b>As Agreed</b>		Valuation Charges <b>As Agreed</b>					
Tax <b>As Agreed</b>		Tax <b>As Agreed</b>					
Total Other Charges Due Agent <b>As Agreed</b>		Total Other Charges Due Agent <b>As Agreed</b>					
Total Other Charges Due Carrier <b>As Agreed</b>		Total Other Charges Due Carrier <b>As Agreed</b>		25-Sep-20 GUANGZHOU BRUCE YE Executed on at (place) Signature of Issuing Carrier or its Agent			
Total Prepaid <b>As Agreed</b>		Total Collect <b>As Agreed</b>		Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.			
				AS AGENT FOR THE SHIPPER AND IN CAPACITY AS CONTRACTING CARRIER DHL GLOBAL FORWARDING (CHINA) CO. L Signature of Shipper or his Agent			

DHL Global Forwarding – Excellence. Simply Delivered.

MAWB No.: 235 - 78804810

Copy 5 - (Extra Copy) As Agreed


HAWB NO.:

P775172

MAWB No.: 235-78804832



HAWB No.: P787924

Shipper's Name and Address SHENZHEN RAO-DONGHAI TRADING CO.LTD 18C, HAIKUOGE, HAILONG HUAYUAN, NO.193, FENGHUANG ROAD, FENGHUANG COMMUNITY, HUANGBEI STREET, LUOHU SHENZHEN CN Cindy xin		Shipper's Account Number <b>CNSHR226</b>		<b>Not Negotiable</b> <b>House Air Waybill</b>  Issued by DHL GLOBAL FORWARDING CHINA CO LTD SHENZHEN BRANCH NO 12 SHIHUA ROAD, 7 & 9/F, PHILIPS RESEARCH & DEVELOPMENT BUILDING, FUTIAN FREE TRADE ZONE SHENZHEN 44 518038 CHINA Station Code: SZX			
Consignee's Name and Address MINISTRY OF INTERNALLY DISPLACED PERSONS FROM THE LABOUR HEALTH AND SOCIAL AFFAIRS OF GEORGIA 144, AK. TSERETELI AVE TBILSI 0119 GE TE +995322510026 Giorgi Tsotskolauri		Consignee's Account Number <b>GEMIO001</b>		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity. It is agreed that the goods described herein are accepted for carriage in apparent good order and condition (except as noted) and SUBJECT TO THE CONDITIONS OF CONTRACT ATTACHED TO THIS AIR WAYBILL AND/OR ACCESSABLE ON <a href="https://www.dhl.com/content/dam/dhl/global/dhl-global-forwarding/documents/pdf/glo-dgf-hawb-terms.pdf">https://www.dhl.com/content/dam/dhl/global/dhl-global-forwarding/documents/pdf/glo-dgf-hawb-terms.pdf</a> ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD, RAIL, WATER, AIR OR ANY OTHER MODE UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.			
Notify COMMANDER HEALTH SUPPLY LLC 1 SOUTHEAST WAY BRONXVILLE, NY 10708 USA EMAIL:RICHARD@COMMANDER.HEALTH		Currency CNY	Declared Value for Carriage NVD	Declared Value for Customs NCV	Amount of Insurance XXX		
Airport of Origin SZX, SHENZHEN		Airport of Destination TBS, TBILISI		Flight 1 / date / via TK6539 / 10 / ISL	Flight 2 / date / via TK2002 / 11 / IST		
Reference Number(s)		Handling Information TK0376/13 AA7 SCI					
No. Of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
270	2400.0	K	Q	2735.0	As Agreed	As Agreed	GOGGLES HS CODE:9004909000 VOL 16.405 M3  270 SLAC
270	2400.0					As Agreed	
Prepaid Freight Charges As Agreed		Collect Freight Charges As Agreed		Other Charges Breakdown As Agreed			
Valuation Charges As Agreed		Valuation Charges As Agreed					
Tax As Agreed		Tax As Agreed					
Total Other Charges Due Agent As Agreed		Total Other Charges Due Agent As Agreed					
Total Other Charges Due Carrier As Agreed		Total Other Charges Due Carrier As Agreed		29-Sep-20 SHENZHEN JACKIE LI Executed on at (place) Signature of Issuing Carrier or its Agent			
Total Prepaid As Agreed		Total Collect As Agreed		AS AGENT FOR THE SHIPPER AND IN CAPACITY AS CONTRACTING CARRIER DHL GLOBAL FORWARDING (CHINA) CO., Signature of Shipper or his Agent			

DHL Global Forwarding – Excellence. Simply Delivered.

MAWB No.: 235 - 78804832

Copy 5 - (Extra Copy) As Agreed

HAWB NO.:

P787924



## Attachment 1

### Manufacturer's Authorization

*[The Supplier, who does not manufacture the Goods shall require the Manufacturer to fill in this Form in accordance with the instructions indicated. This letter of authorization should be on the letterhead of the Manufacturer and should be signed by a person with the proper authority to sign documents that are binding on the Manufacturer.]*

Date: *[insert date 13/07/2020]*

Direct Contracting No.: *[insert reference number as applicable]*

To: Giorgi Tsotskolauri, in his capacity as Deputy Minister, on behalf of Ministry of Internally Displaced Persons from Occupied Territories, Labour, Health, and Social Affairs of the country of Georgia

We /SHENZHEN PAILISI INDUSTRIAL CO., LTD], who are official manufacturers of *[Goggles]*, having factories at [Room 401,801,1001,NO.28 of Xintang Community, Fuhai Street, Baoan District, Shenzhen, Guangdong, China], do hereby authorize Commander Health Supply, LLC to provide the following Goods, manufactured by us *[Goggles]*, and to subsequently negotiate and sign the Contract.

We hereby extend our full guarantee and warranty in accordance with Clause 20 of the Conditions of Contract, with respect to the Goods offered by the above firm.

We confirm that we do not engage or employ: (i) forced labor or persons subject to trafficking in accordance with Clause 27 or (ii) child labor in accordance with Clause 28, of the Conditions of Contract. We also confirm that we comply with applicable health and safety obligations in accordance with Clause 29 of the Conditions of Contract.

Signed:

Name:

Title:

Dated on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ *[insert date of signing]*





## INVOICE

Invoice number: NJEDT200714-2

Invoice date: 2020/7/14

**To:** Commander Health Supply LLC

**Att.:** Michael

**Tel:** (917) 612-2827

**From:** Della liu/SGS Qingdao branch

**Add.:** SGS Center, No. 143, Zhuzhou Road,  
Hi-Tech Industrial Park, Qingdao, China

**Tel:** 86-532-68999561

		Inspection Fee
Buyers:	The World Bank Group	USD 650
Supplier:	COMMANDER HEALTH SUPPLY, LLC	
Factory:	Shenzhen Pailisi Industrial Co.,Ltd.	
Description:	GOGGLES, PROTECTIVE	
PO number:	CH001	
Style No.	5W003	
Order quantity :	1000pcs	
Service type:	Factory audit	
Date:	2020/7/17	
AQL:	N/A	
Sample quantity:	N/A	
Audit Fee:	USD 600	
Travelling fee:	USD 50	

**For USD Payment:**

Intermediary Bank:

Beneficiary's Name: SGS-CSTC STANDARDS TECHNICAL SERVICES (QINGDAO)  
CO., LTD

A/C No.: 1736915002

Beneficiary's Bank: Citibank (China) Co. Ltd., Tianjin Branch

SWIFT CODE: CITICNSXTJN

Beneficiary's Bank Address: Unit1807, Meteropolitan Tower, No.183 Nanjing Road,  
Heping District, Tianjin, P.R. China



## INVOICE

Invoice number: QDHL2008009100MD

Invoice date: 2020/8/31

**To:** Commander Health Supply LLC

**Att.:** Michael

**Tel:** (917) 612-2827

**From:** Summer xia/SGS Qingdao branch

**Add.:** SGS Center, No. 143, Zhuzhou Road,  
Hi-Tech Industrial Park, Qingdao, China

**Tel:** 86-532-68999382

		Testing Fee
Buyers:	Georgia (World Bank BFP)	USD 740
Supplier:	COMMANDER HEALTH SUPPLY, LLC	
Factory:	Shenzhen Pailisi Industrial Co.,Ltd.	
Description:	GOGGLES, PROTECTIVE	
PO number:	MAS0004	
Style No.	5W003	
Order quantity :	54,000pcs	
Service type:	Testing	
Testing Standard	GB 14866 5.13	
Express	Yes	
Sample quantity:	5pcs	
Testing Fee:	USD 740	

**For USD Payment:**

Intermediary Bank:

Beneficiary's Name: SGS-CSTC STANDARDS TECHNICAL SERVICES (QINGDAO) CO., LTD

A/C No.: 1736915002

Beneficiary's Bank: Citibank (China) Co. Ltd., Tianjin Branch

SWIFT CODE: CITICNSXTJN

Beneficiary's Bank Address: Unit1807, Meteropolitan Tower, No.183 Nanjing Road, Heping District,  
Tianjin, P.R. China





## INVOICE

Invoice number: SUZHL200901

Invoice date: 2020/9/1

**To:** Commander Health Supply LLC

**Att.:** Michael

**Tel:** (917) 612-2827

**From:** Della liu/SGS Qingdao branch

**Add.:** SGS Center, No. 143, Zhuzhou Road,  
Hi-Tech Industrial Park, Qingdao, China

**Tel:** 86-532-68999561

		Inspection Fee
Buyers:	Georgia (World Bank BFP)	USD 260
Supplier:	COMMANDER HEALTH SUPPLY, LLC	
Factory:	Shenzhen Pailisi Industrial Co.,Ltd.	
Description:	Goggles, Protective	
PO number:	MAS0004	
Style No.	5W003	
Order quantity :	54000pcs	
Service type:	Sampling	
Date:	4th Sep.2020	
AQL:	level II, 0,2.5,4.0	
Sampling quantity:	5pcs	
Sampling Fee:	USD 260	

### For USD Payment:

Intermediary Bank:

Beneficiary's Name: SGS-CSTC STANDARDS TECHNICAL SERVICES (QINGDAO)  
CO., LTD

A/C No.: 1736915002

Beneficiary's Bank: Citibank (China) Co. Ltd., Tianjin Branch

SWIFT CODE: CITICNSXTJN

Beneficiary's Bank Address: Unit1807, Meteropolitan Tower, No.183 Nanjing Road,  
Heping District, Tianjin, P.R. China



## INVOICE

Invoice number: SUZHL200921

Invoice date: 2020/9/21

**To:** Commander Health Supply LLC  
**Att.:** Michael

**From:** Della liu/SGS Qingdao branch  
**Add.:** SGS Center, No. 143, Zhuzhou Road,  
Hi-Tech Industrial Park, Qingdao, China  
**Tel:** 86-532-68999561

**Tel:** (917) 612-2827

		Inspection Fee
Buyers:	Georgia (World Bank BFP)	USD 576
Supplier:	COMMANDER HEALTH SUPPLY, LLC	
Factory:	Shenzhen Pailisi Industrial Co.,Ltd.	
Description:	Goggles, Protective	
PO number:	MAS0004	
Style No.	5W003	
Order quantity :	54000pcs	
Service type:	FRI	
Date:	22nd Sep.2020	
AQL:	level II, 0,2.5,4.0	
Sample size:	500pcs	
Inspection:	USD 288*2	

### For USD Payment:

Intermediary Bank:

Beneficiary's Name: SGS-CSTC STANDARDS TECHNICAL SERVICES (QINGDAO) CO., LTD

A/C No.: 1736915002

Beneficiary's Bank: Citibank (China) Co. Ltd., Tianjin Branch

SWIFT CODE: CITICNSXTJN

Beneficiary's Bank Address: Unit1807, Meteropolitan Tower, No.183 Nanjing Road, Heping District, Tianjin, P.R. China





DYNAGOO-01

ATOMPKINS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/2/2020

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> York International Agency, LLC 500 Mamaroneck Avenue Suite 220 Harrison, NY 10528		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (914) 376-2200 <b>FAX (A/C, No):</b> (914) 376-2891 <b>E-MAIL ADDRESS:</b> certificate@yorkintl.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Liberty Mutual Insurance Co.	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo Insurance			NYOMC11445601	4/24/2020	4/24/2021	Per Vessel/Aircraft \$5,000,000

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

<b>CERTIFICATE HOLDER</b>  Proof of Coverage	<b>CANCELLATION</b>  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 
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