



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/1/2019

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).

PRODUCER Commercial Lines - (617) 330-1005 USI Insurance Services LLC 855 Boylston St., 8th Floor Boston, MA 02116	CONTACT NAME: PHONE (A/C. No. Ext): 617-904-4140 FAX (A/C. No): (610) 537-1950 E-MAIL ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Company	20281	INSURER B: ACE American Insurance Company	22667	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED WEX Inc. 97 Darling Ave. South Portland ME 04106-2301															

COVERAGES

CERTIFICATE NUMBER: 14464290

REVISION NUMBER: See below

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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 \$ \$
	AUTOMOBILE LIABILITY <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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			78187803	06/01/2019	06/01/2020	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Foreign Liability			CXC D42186272 001	06/01/2019	06/01/2020	\$1,000,000 Each Occurrence \$5,000,000 General Aggregat

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

Evidence of coverage for trade shows and exhibits.

CERTIFICATE HOLDER
 WEX Fleet France SAS
 102 Avenue des Champs-Elysees
 75008 Paris
 France
CANCELLATION

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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ACORD 25 (2016/03)

CERTIFICAT D'ASSURANCE RESPONSABILITE CIVILE

DATE (JJ/MM/AAAA)
15/07/2019

LE PRESENT CERTIFICAT N'EST DELIVRE QU'A TITRE INFORMATIF ET NE CONFERE AUCUN DROIT AU TITULAIRE DU CERTIFICAT. LE PRESENT CERTIFICAT NE MODIFIE, NE PROLONGE NI NE MODIFIE LA COUVERTURE OFFERTE PAR LES POLICES CI-DESSOUS. LE PRESENT CERTIFICAT D'ASSURANCE NE CONSTITUE PAS UN CONTRAT ENTRE L'ASSUREUR (OU LES ASSUREURS), LE REPRESENTANT AUTORISE OU LE PRODUCTEUR ET LE TITULAIRE DU CERTIFICAT.

IMPORTANT : Si le titulaire du certificat est un ASSURÉ SUPPLÉMENTAIRE, la (les) police(s) doit (doivent) comporter les mentions ASSURÉ SUPPLÉMENTAIRE ou être endossées. S'il EST RENONCE A LA SUBROGATION, sous réserve des termes et conditions de la police, certaines polices peuvent exiger un endossement. Une mention sur le présent certificat ne confère aucun droit au titulaire du certificat en lieu et place d'un tel endossement.

PRODUCTEUR Commercial Lines - (617) 330-1005 USI Insurance Services LLC 855 Boylston St., 8th Floor Boston, MA 02116	NOM DU CONTACT :	
	TELEPHONE 617-904-4140	FAX (610) 537-1950
	ADRESSE E-MAIL :	
	ASSUREUR(S) OFFRANT UNE COUVERTURE	NAIC #
	ASSUREUR A : Federal insurance Company	20281
	ASSUREUR B : ACE American Insurance Company	22667
ASSURÉ WEX Inc. 97 Darling Ave South Portland ME 04106-2301	ASSUREUR C :	
	ASSUREUR D :	
	ASSUREUR E :	
	ASSUREUR F :	

COUVERTURE NUMERO DE CERTIFICAT : 14464290 NUMERO DE REVISION : voir ci-dessous

LE PRESENT DOCUMENT ATTESTE QUE LES POLICES D'ASSURANCE ENUMEREES CI-DESSOUS ONT ETE EMISES AU PROFIT DE L'ASSURE NOMME CI-DESSUS POUR LA PERIODE DE COUVERTURE INDIQUEE. NONOBTANT TOUTE EXIGENCE, CONDITION DE TOUT CONTRAT OU AUTRE DOCUMENT A L'EGARD DUQUEL LE PRESENT CERTIFICAT PEUT ETRE DELIVRE OU PEUT SE RAPPORTER, L'ASSURANCE OFFERTE PAR LES POLICES DECRITES CI-DESSOUS EST ASSUJETTEE A TOUTES LES MODALITES, EXCLUSIONS ET CONDITIONS DE CES POLICES. LES LIMITES INDIQUEES PEUVENT AVOIR ETE REDUITES PAR LES INDEMNITES VERSEES.

INSR LTR	TYPE D'ASSURANCE	ADDL INSD	SUBR WVD	NUMERO DE POLICE	POLICE EFF (JJ/MM/YYYY)	POLICE EXP (JJ/MM/YYYY)	LIMITES
	RESPONSABILITE COMMERCIALE GENERALE REVENdicATIONS OCCURENCES FORMULEES LA LIMITE GLOBALE GENERALE S'APPLIQUE PAR POLICE <input type="checkbox"/> PROJET <input type="checkbox"/> LOC <input type="checkbox"/> AUTRE <input type="checkbox"/>						CHAQUE OCCURRENCE \$ DOMMAGES AUX LOCAUX LOUES (Ea occurrence) \$ MED EXP (Toute personne) \$ DOMMAGES CORPORELS \$ AGREGAT GENERAL \$ PRODUITS - COMP/OP AGG \$
	RESPONSABILITE AUTOMOBILE TOUT VEHICULE VOITURE POSSEDEE <input type="checkbox"/> VOITURES PROGRAMMEES VOITURE DE LOCATION <input type="checkbox"/> VOITURE NON POSSEDEE						LIMITE COMBINEE SIMPLE (ACCIDENT EA) \$ LESION CORPORELLE (PAR PERSONNE) \$ LESION CORPORELLE (PAR ACCIDENT) \$ DOMMAGE MATERIEL (PAR ACCIDENT) \$
A	RESP. GLOBALE <input checked="" type="checkbox"/> RESP. EXCESSIVE <input type="checkbox"/> DED <input type="checkbox"/> X RETENTION 10 000 \$			78187803	01/06/2019	01/06/2020	CHAQUE OCCURRENCE 20 000 000\$ CUMUL 20 000 000\$
	INDEMNISATION DES ACCIDENTES DU TRAVAIL ET RESPONSABILITE DE L'EMPLOYEUR PROPRIETAIRE / PARTENAIRE / ASSOCIE / CADRE SUPERIEUR / MEMBRE EXCLU ? (Obligatoire en NH) Dans l'affirmative, veuillez décrire sous la rubrique DESCRIPTION DES OPERATIONS ci-dessous	O/N					SELON LA LOI <input type="checkbox"/> AUTRE <input type="checkbox"/> E.L. CHAQUE ACCIDENT \$ MALADIE E.L. - EMPLOYE EA \$ MALADIE E.L. - LIMITE DE LA POLICE \$
B	Responsabilité étrangère			CXC D42186272 001	01/06/2019	01/06/2020	1 000 000 \$ chaque occurrence, 5 000 000 \$ au total

DESCRIPTION DES OPERATIONS/LIEUX/VEHICULES (ACCORD 101, ANNEXE DES REMARQUES SUPPLEMENTAIRES, PEUT ETRE JOINTE SI PLUS D'ESPACE EST REQUIS)
 Preuve de couverture pour les foires commerciales et les expositions

DETENTEUR DE CERTIFICAT

WEX Fleet France SAS
 102 Avenue des Champs Elysées
 75008 Paris
 France

ANNULATION

SI L'UNE OU L'AUTRE DES POLICES DECRITES CI-DESSUS EST RESILIEE AVANT LA DATE D'EXPIRATION DE CELLE-CI, UN AVIS SERA ENVOYE CONFORMEMENT AUX STIPULATIONS DE LA POLICE.

REPRESENTANT AUTORISE