

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Forward Air, Inc (Per Named Insured Schedule Below) 4370 Old Dixie Road Atlanta, GA 30354	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Forward Air Logistics Services, Inc.
TQI. Inc.
TQI, Inc. d/b/a Forward Air Truckload Services
Forward Final Mile
FFM, LLC
Forwards Air Services, LLC
TQI Holdings, Inc
Central States Trucking Co. dba Forward Intermodal

Workers Compensation & Employers Liability

Per Statute
90-15617-06
Employers Liability Each Accident: \$1,000,000
Employers Liability Disease Each Employee: \$1,000,000
Employers Liability Disease - Policy Limit: \$1,000,000