

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/28/2009

PRODUCER WELLINGTON F. ROEMER INSURANCE, INC. P.O. BOX 3912 TOLEDO OH 43623	Serial # 132796 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED CARDINAL TRANSPORT, INC. 7180 E. REED RD. COAL CITY IL 60416	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC#</th> </tr> <tr> <td>INSURER A: PENN-STAR INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B: SENTRY SELECT INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER C: UNDERWRITERS AT LLOYD'S, LONDON</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: PENN-STAR INSURANCE COMPANY		INSURER B: SENTRY SELECT INSURANCE COMPANY		INSURER C: UNDERWRITERS AT LLOYD'S, LONDON		INSURER D:		INSURER E:	
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COVERAGES

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	PAC6602462	01/28/09	01/28/10	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 1,000,000	
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	CT751050-1105-081	08/01/08	08/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$	
		<input type="checkbox"/> ALL OWNED AUTOS	CT751050-1105-081	08/01/08	08/01/09	BODILY INJURY (Per accident) \$	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$	
		<input checked="" type="checkbox"/> HIRED AUTOS	COMP / COLL \$2,500 DED \$25,000 LIMIT PER TRAILER				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
<input checked="" type="checkbox"/> COML VEHICLES							
<input checked="" type="checkbox"/> TRAILER INTERCHANGE							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$	
						AUTO ONLY: AGG \$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$	
						\$	
						\$	
						\$	
						\$	
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT \$	
		If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - EA EMPLOYEE \$	
						EL DISEASE - POLICY LIMIT \$	
C		OTHER	AR004990G	08/01/08	08/01/09	\$100,000 VEH/\$100,000 CAT	
		MOTOR TRUCK CARGO				AG000200G	08/01/08
C		EXCESS CARGO					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER <div style="border: 2px solid blue; border-radius: 15px; padding: 10px; text-align: center; font-size: 24px; font-weight: bold; color: blue;"> INFORMATION ONLY </div>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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