

## Certificate of Insurance

<b>PRODUCER OF A, B, C, D:</b> MCGRIFF, SEIBELS & WILLIAMS OF OREGON 1800 SW FIRST AVE. SUITE 400 PORTLAND, OR 97201 (503) 943-6621	This Certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the policy. This certificate does not amend, extend or alter the coverage afforded by the policies described herein.
<b>PRODUCER OF E:</b> AMERICAN TRUCKING & TRANSPORTATION INS. CO. RISK RETENTION GROUP 111 NORTH HIGGINS AVE., FOURTH FLOOR MISSOULA, MT 59802 11534 (406) 523-3934	<b>COMPANIES AFFORDING COVERAGE:</b>  COMPANY LETTER A: ALASKA NATIONAL INSURANCE COMPANY COMPANY LETTER B: DISCOVER PROPERTY & CASUALTY INSURANCE CO. COMPANY LETTER C: LEXINGTON INSURANCE COMPANY COMPANY LETTER D: ST. PAUL FIRE & MARINE INSURANCE COMPANY COMPANY LETTER E: AMERICAN TRUCKING AND TRANSPORTATION INSURANCE COMPANY RISK RETENTION GROUP
<b>INSURED:</b> COMBINED TRANSPORT, INC. CARDMOORE TRUCKING, LTD. PARTNERSHIP 5656 CRATER LAKE AVENUE P.O. BOX 3667 CENTRAL POINT, OR 97502	

**COVERAGES:** This certificate supercedes and replaces any previously issued certificate for the policy period noted below.

This is to certify that the policies of insurance described herein have been issued to the insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions, and exclusions of such policies. Aggregate limits shown may have been reduced by paid claims.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE		
A	GENERAL LIABILITY: <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE <input type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOCATION	09F PS 31661	6/01/09	6/01/10	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (ANY ONE FIRE) \$100,000 MEDICAL EXPENSE (ANY ONE PERSON) \$5,000 PERSONAL & ADVERTISING INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP / OPER. AGGREGATE \$2,000,000	
E	AUTOMOTIVE LIABILITY: <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> NON-TRUCKING LIABILITY <input checked="" type="checkbox"/> TRAILER INTER. / \$50,000 Limit per Trailer	ATTCT1109	6/01/09	5/31/10	COMBINED SINGLE LIMIT \$5,000,000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE	
B	<input checked="" type="checkbox"/> WORKER'S COMPENSATION & EMPLOYER'S LIABILITY	D003X00113	6/01/09	6/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS: <input type="checkbox"/> OTHER: EL EACH ACCIDENT \$1,000,000 EL DISEASE (EACH EMPLOYEE) \$1,000,000 EL DISEASE (POLICY LIMIT) \$1,000,000	
D	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	QI09400660	6/01/09	6/01/10	EACH OCCURRENCE: AGGREGATE:	
C	CARGO LEGAL LIABILITY	3691946	6/01/09	6/01/10	PER CONVEYANCE / DISASTER:	\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES /SPECIAL ITEMS:

CERTIFICATE HOLDER:  <p style="text-align: center;"><b>EVIDENCE OF INSURANCE</b></p>	CANCELLATION:  SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.
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