

Certificate of Insurance

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| PRODUCER OF A, B, C, D: MCGRIFF, SEIBELS & WILLIAMS OF OREGON 1800 SW FIRST AVENUE, SUITE 400 PORTLAND, OR 97201 (503) 943-6621 FAX (503) 943-6622 | 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 described herein. |
| PRODUCER OF E: AMERICAN TRUCKING & TRANSPORTATION INS. CO. RISK RETENTION GROUP 111 NORTH HIGGINS AVENUE, SUITE 400 MISSOULA, MT 59802 11534 (406) 523-3934 | COMPANIES AFFORDING COVERAGE: COMPANY LETTER A: THE TRAVELERS INDEM. CO. OF CONNECTICUT COMPANY LETTER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA 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 |
| INSURED: COMBINED TRANSPORT, INC. CARDMOORE TRUCKING, LTD. PARTNERSHIP 5656 CRATER LAKE AVENUE P.O. BOX 3667 CENTRAL POINT, OR 97502 (541) 734-7418 | |

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 | 630-0710R943 TCT | 6/01/11 | 6/01/12 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES MEDICAL EXPENSE (ANY ONE PERSON) PERSONAL & ADVERTISING INJURY GENERAL AGGREGATE PRODUCTS-COMP / OPER. AGGREGATE | \$1,000,000 \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$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 | ATTCT1111 | 6/01/11 | 6/01/12 | COMBINED SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE | \$5,000,000 |
| B | <input checked="" type="checkbox"/> WORKER'S COMPENSATION & EMPLOYER'S LIABILITY | HWXJUB-474M5185-11 HC2JUB-474M5173-11 (IL & TX) | 6/01/11 6/01/11 | 6/01/12 6/01/12 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS: <input type="checkbox"/> OTHER: EL EACH ACCIDENT EL DISEASE (EACH EMPLOYEE) EL DISEASE (POLICY LIMIT) | \$1,000,000 \$1,000,000 \$1,000,000 |
| D | EXCESS LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE | QI09400915 | 6/01/11 | 6/01/12 | EACH OCCURRENCE: AGGREGATE: | |
| C | CARGO LEGAL LIABILITY | 3879470 | 6/01/11 | 6/01/12 | PER CONVEYANCE / DISASTER: | \$1,000,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES /SPECIAL ITEMS:

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| CERTIFICATE HOLDER: <p style="text-align: center;">EVIDENCE OF INSURANCE</p> | CANCELLATION: SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 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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