

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

OP ID .i  
 PRODU-2

DATE (MM/DD/YYYY)  
 04/07/10

| <b>PRODUCER</b><br>Hub Transportation (VT)<br>P. O. Box 1000<br>Colchester VT 05446-5000<br>Phone: 800-322-8782 Fax: 802-654-4514 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS OF INFORMATION HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.   |                             |        |   |  |  |  |                                     |  |            |  |            |  |
|---|---|-----------------------------|--------|---|--|--|--|-------------------------------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Productive Transportation<br>Carrier Corp<br>530 Grand Island Blvd<br>Tonawanda NY 14150                        | <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: State National Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: The Travelers Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C: Northfield Insurance Co.</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: State National Insurance Co. |  | INSURER B: The Travelers Insurance Co. |  | INSURER C: Northfield Insurance Co. |  | INSURER D: |  | INSURER E: |  |
| INSURERS AFFORDING COVERAGE   | NAIC #  |                             |        |   |  |  |  |                                     |  |            |  |            |  |
| INSURER A: State National Insurance Co.   |   |                             |        |   |  |  |  |                                     |  |            |  |            |  |
| INSURER B: The Travelers Insurance Co.  |   |                             |        |   |  |  |  |                                     |  |            |  |            |  |
| INSURER C: Northfield Insurance Co.   |   |                             |        |   |  |  |  |                                     |  |            |  |            |  |
| INSURER D:  |   |                             |        |   |  |  |  |                                     |  |            |  |            |  |
| INSURER E:  |   |                             |        |   |  |  |  |                                     |  |            |  |            |  |

**COVERAGES**

THE POLICIES OF THE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR                        | ADD'L | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |                     |       |                    |    |                            |    |                             |    |
|-----------------------------|-------|---|---------------|----------------------------------|-----------------------------------|---|---------------------|-------|--------------------|----|----------------------------|----|-----------------------------|----|
| C                           |       | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | WS032852R     | 04/03/10                         | 04/03/11                          | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>  |                     |       |                    |    |                            |    |                             |    |
| A                           |       | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS   | TPN-000245-A  | 04/03/10                         | 04/03/11                          | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$  |                     |       |                    |    |                            |    |                             |    |
| A                           |       | <input checked="" type="checkbox"/> HIRED AUTOS   | TPN-000245-A  | 04/03/10                         | 04/03/11                          | BODILY INJURY (Per accident) \$   |                     |       |                    |    |                            |    |                             |    |
| A                           |       | <input checked="" type="checkbox"/> NON-OWNED AUTOS   | TPN-000245-A  | 04/03/10                         | 04/03/11                          | BODILY INJURY (Per accident) \$   |                     |       |                    |    |                            |    |                             |    |
| A                           |       | <input checked="" type="checkbox"/> <b>Physical Damage</b><br>Comp/Coll \$ <b>1,000</b>   | TPN-000245-A  | 04/03/10                         | 04/03/11                          | PROPERTY DAMAGE (Per accident) \$   |                     |       |                    |    |                            |    |                             |    |
|                             |       | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$   |                     |       |                    |    |                            |    |                             |    |
|                             |       | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$   |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$  |                     |       |                    |    |                            |    |                             |    |
|                             |       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  |               |                                  |                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATUTORY LIMITS</td> <td style="width:50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATUTORY LIMITS | OTHER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATUTORY LIMITS         | OTHER |   |               |                                  |                                   |   |                     |       |                    |    |                            |    |                             |    |
| E.L. EACH ACCIDENT          | \$    |   |               |                                  |                                   |   |                     |       |                    |    |                            |    |                             |    |
| E.L. DISEASE - EA EMPLOYEE  | \$    |   |               |                                  |                                   |   |                     |       |                    |    |                            |    |                             |    |
| E.L. DISEASE - POLICY LIMIT | \$    |   |               |                                  |                                   |   |                     |       |                    |    |                            |    |                             |    |
| B                           |       | <b>Motor Truck Cargo</b>  | QT4133N846    | 04/03/10                         | 04/03/11                          | Limit \$ <b>250,000</b><br>Ded. \$ <b>2,500</b>   |                     |       |                    |    |                            |    |                             |    |

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

|                                     |  |
|-------------------------------------|--|
| <b>CERTIFICATE HOLDER</b><br>Sample | <b>CANCELLATION</b><br>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.<br>AUTHORIZED REPRESENTATIVE<br> |
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.