

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

OP ID KJ  
MAUME-1

DATE (MM/DD/YYYY)  
06/16/08

|   |  |               |
|---|--|---------------|
| <b>PRODUCER</b><br>Hub Transportation (NJ-Proud)<br>1800 Highway 34, Suite 406<br>Wall NJ 07719<br>Phone: 732-927-7010 Fax: 732-927-7011                | <b>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.</b> |               |
|   | <b>INSURERS AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
| <b>INSURED</b><br>Maumee Express Inc. &/Or<br>MXI Environmental Services, LL<br>Environmental Services, Llc<br>297 Zimmerman Lane<br>Langhorne PA 19047 | INSURER A: Zurich American Insurance (IS)  |               |
|   | INSURER B: Steadfast Insurance (IS)  |               |
|   | INSURER C:   |               |
|   | INSURER D:   |               |
|   | INSURER E:   |               |

## 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 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 LTR INSRD  | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|---|--|---------------|----------------------------------|-----------------------------------|--|
| A   | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | GL05878344    | 05/20/08                         | 05/20/09                          | 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>   |
|   | <input checked="" type="checkbox"/> <b>INCL. CONT POLL</b>   | GL05878344    | 05/20/08                         | 05/20/09                          | 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>   |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |               |                                  |                                   |  |
| A   | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO  | TRK5878345    | 05/20/08                         | 05/20/09                          | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$   |
|   | <input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS   |               |                                  |                                   |  |
|   | <input checked="" type="checkbox"/> HIRED AUTOS  | TRK5878345    | 05/20/08                         | 05/20/09                          | BODILY INJURY (Per accident) \$  |
|   | <input checked="" type="checkbox"/> NON-OWNED AUTOS  | TRK5878345    | 05/20/08                         | 05/20/09                          | PROPERTY DAMAGE (Per accident) \$  |
|   | <input checked="" type="checkbox"/> <b>MCS-90 INCL.</b>  | TRK5878345    |                                  |                                   |  |
| <input checked="" type="checkbox"/> <b>SUD/ACC Pollution</b>  | TRK5878345   |               |                                  |                                   |  |
|   | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$  |
| B   | <b>EXCESS/UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE   | SEO5983131    | 05/20/08                         | 05/20/09                          | EACH OCCURRENCE \$ <b>5,000,000</b><br>AGGREGATE \$ <b>5,000,000</b>   |
|   | <input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$   |               |                                  |                                   | \$<br>\$<br>\$   |
| A   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below           | WC5244746     | 05/20/08                         | 05/20/09                          | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b> |
|   | OTHER  |               |                                  |                                   |  |
|   | <input checked="" type="checkbox"/> <b>TRLR INTERCHANGE</b>  | TRK5878345    | 05/20/08                         | 05/20/09                          | LIMIT \$ <b>35,000</b><br>DEDUCT \$ <b>1,000</b>   |

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

PLEASE FAX CERTIFICATE REQUESTS TO 732-927-7011. THANK YOU!!

## CERTIFICATE HOLDER

SAMPLE

SAMPLE CERTIFICATE

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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



## **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.