

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/06/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

th	PORTANT: If the certificate holder is e terms and conditions of the policy, rtificate holder in lieu of such endors	certa	ain po	olicies may require an en							
PRODUCER McGriff, Seibels & Williams of Oregon 1800 SW First Avenue, Suite 400						CONTACT NAME: PHONE (A/C, No, Ext): 503-943-6621 (A/C, No, Ext): 503-943-6621				3-6622	
Portland, OR 97201						E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A :Hartford Casualty Insurance Company					
INSURED					INSURER B :Twin City Fire Insurance Company				29424 29459		
Southeastern Logistics Solutions LLC 1 C Trotter Road					INSURE	INSURER C: Travelers Property Casualty Company of America					
West Columbia, SC 29169						INSURER D:					
						INSURER E :					
					INSURE	RF:					
COVERAGES CERTIFICATE NUMBER:R4H7W8PP				REVISION NUMBER:							
IN Ce	IIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH	UIRE RTAIN POLI	MENT I, THE CIES.	, TERM OR CONDITION OF INSURANCE AFFORDED B LIMITS SHOWN MAY HAVE	ANY CO	NTRACT OR (OLICIES DES EDUCED BY F	OTHER DOCU CRIBED HERE PAID CLAIMS.	MENT WITH RESPECT TO	WHICH	THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ		
Α	GENERAL LIABILITY			52 SBA FO2141		01/17/2014	01/17/2015	EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC								\$		
Α	AUTOMOBILE LIABILITY	1		52 SBA FO2141		01/17/2014	01/17/2015	COMBINED SINGLE LIMIT		1 000 000	

BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE Х \$ HIRED AUTOS (Per accident) \$ 52 SBA FO2141 01/17/2015 Α 01/17/2014 1,000,000 **UMBRELLA LIAB** Χ OCCUR **EACH OCCURRENCE** \$ 1,000,000 Χ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION 52 WEC LU9118 01/17/2014 01/17/2015 AND EMPLOYERS' LIABILITY 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT CONTINGENT CARGO QT 660 1190R040 TIL 13 100,000 10/01/2013 10/01/2014 Per Vehicle \$ \$

DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Q J. Way
Evidence of Insurance	0