

**PRODUCER**

McGriff, Seibels & Williams of Oregon  
 1800 SW First Avenue, Suite 400  
 Portland, OR 97201  
 Phone: (503) 943-6621

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.

**COMPANIES AFFORDING COVERAGE**

Company A Continental Casualty Company

Company B Max Specialty Insurance Company

Company C

Company D

Company E

**INSURED**

Megatrux Transportation Inc  
 331 Airport North Office Park  
 Unit J-137  
 Fort Wayne, IN 46825

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 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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

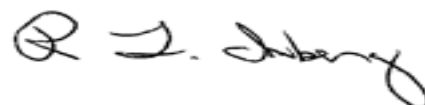
CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> <input type="checkbox"/> General Aggregate Limit applies per: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location	2054093320	02/25/2009 04/01/2010	EACH OCCURRENCE	\$ 1,000,000
				FIRE DAMAGE	\$ 100,000
				MEDICAL EXPENSE	\$ 5,000
				PERS. AND ADVERTISING INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000
				PRODUCTS AND COMP. OPER. AGG.	\$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input checked="" type="checkbox"/> Trailer Interchange	CNA040109	04/01/2009 04/01/2010	COMBINED SINGLE LIMIT	\$ 1,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
				COMPREHENSIVE COLLISION	
				WC Statutory Limit	Other
				EL EACH ACCIDENT	\$
EL DISEASE (Each employee)	\$				
EL DISEASE (Policy Limit)	\$				
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>			EACH OCCURRENCE	\$
				AGGREGATE	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			EACH OCCURRENCE	\$
				AGGREGATE	\$
B	<b>CARGO</b> Subject to policy limitations and exclusions	MAX040109	03/22/2009 04/01/2010	Limit	\$ 100,000
				Deductible	\$ 2,500
					\$
					\$
					\$

Trailer Interchange \$50,000 limit \$1,000 deductible

**CERTIFICATE HOLDER**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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



Evidence of Coverage