



CERTIFICATE OF LIABILITY INSURANCE

OP ID DG
SUPE-15

DATE (MM/DD/YYYY)

07/09/10

| | | |
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| PRODUCER RSI Ins Brokers of Florida, FLA License #L061315 3111 N University #718 Coral Springs FL 33065 Phone: 888-830-4396 Fax: 800-505-7306 | 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. | |
| | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED Super Sonic Trucking and Warehousing, Inc. 9958 NW 89th Court Medley FL 33178 | INSURER A: Great American Insurance Co. | 16691 |
| | INSURER B: Hanover Insurance Group | 22292 |
| | 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 LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------------------------------|--|---------------|------------------------------------|-------------------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> | GENERAL LIABILITY | MAC493046301 | 07/11/10 | 07/11/11 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> | POLICY | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | PRO-JECT | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | LOC | | | | PRODUCTS - COMP/OP AGG | \$ Excluded |
| A | <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY | MAC493046301 | 07/11/10 | 07/11/11 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | ANY AUTO | | | | | |
| | | ALL OWNED AUTOS | | | | | |
| | | SCHEDULED AUTOS | | | | | |
| A | <input checked="" type="checkbox"/> | HIRED AUTOS | MAC493046301 | 07/11/10 | 07/11/11 | BODILY INJURY (Per person) | \$ |
| A | <input checked="" type="checkbox"/> | NON-OWNED AUTOS | MAC493046301 | 07/11/10 | 07/11/11 | BODILY INJURY (Per accident) | \$ |
| A | <input checked="" type="checkbox"/> | PIP INCLUDED | MAC493046301 | 07/11/10 | 07/11/11 | PROPERTY DAMAGE (Per accident) | \$ |
| A | <input checked="" type="checkbox"/> | UM/UIM INCLUDED | MAC493046301 | 07/11/10 | 07/11/11 | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | ANY AUTO | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | | AGG | \$ |
| | | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | | DEDUCTIBLE | | | | | \$ |
| | | RETENTION \$ | | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | OTH-ER | |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| B | | MOTOR TRUCK CARGO | IHZ 8784750 | 07/11/10 | 07/11/11 | PER TRUCK | \$150,000 |
| B | | TRLR INTERCHANGE | IHZ 8784750 | 07/11/10 | 07/11/11 | PER TRLR | \$30,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 \$250,000 Terminal Coverage Extension on Cargo Policy
 \$2,500 Cargo/Interchange Ded.

CERTIFICATE HOLDER

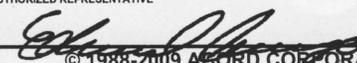
EVIDENCE OF INSURANCE

EVIDEN1

CANCELLATION

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



ACORD 25 (2009/01)

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