



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER  
MARSH  
1000 RIDGEWAY LOOP ROAD  
MEMPHIS, TN 38120  
Attn: CKincaid 901.684.3667/carol.a.kincaid@marsh.com

788043-STI-cg100-2010

INSURED  
Star Transportation, Inc.  
P.O. Box 100925  
Nashville, TN 37224

THIS CERTIFICATION 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 # |
|---|--------|
| INSURER A: Travelers Indemnity Co Of America        | 25666  |
| INSURER B: Midwest Employers Casualty Company       | 23612  |
| INSURER C: National Union Fire Ins Co Pittsburgh PA | 19445  |
| INSURER D: AGCSMarine Insurance Company             |        |
| 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/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | 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<br>GENERAL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 660 8281B466-TIL-10 | 04/01/2010                         | 04/01/2011                          | EACH OCCURRENCE   | \$ 1,000,000 |
|                |       |  |                     |                                    |                                     | DAMAGE TO RENTED PREMISES(Ea occurrence)  | \$ 100,000   |
|                |       |  |                     |                                    |                                     | MED EXP (Any one person)  | \$ 5,000     |
|                |       |  |                     |                                    |                                     | PERSONAL & ADV INJURY   | \$ 1,000,000 |
|                |       |  |                     |                                    |                                     | GENERAL AGGREGATE   | \$ 2,000,000 |
|                |       |  |                     |                                    |                                     | PRODUCTS - COM/OP AGG   | \$ 2,000,000 |
| C              |       | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> Truckers Coverage         | CA5456399           | 04/01/2010                         | 04/01/2011                          | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000 |
|                |       |  |                     |                                    |                                     | BODILY INJURY (Per person)  | \$           |
|                |       |  |                     |                                    |                                     | BODILY INJURY (Per accident)  | \$           |
|                |       |  |                     |                                    |                                     | PROPERTY DAMAGE (Per accident)  | \$           |
|                |       | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |                     |                                    |                                     | AUTO ONLY - EA ACCIDENT   | \$           |
|                |       |  |                     |                                    |                                     | OTHER THAN AUTO ONLY: EA ACC  | \$           |
|                |       |  |                     |                                    |                                     | AGG   | \$           |
|                |       | <b>EXCESS / UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |                     |                                    |                                     | EACH OCCURRENCE   | \$           |
|                |       |  |                     |                                    |                                     | AGGREGATE   | \$           |
|                |       |  |                     |                                    |                                     |   | \$           |
|                |       |  |                     |                                    |                                     |   | \$           |
| B              |       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N<br>(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below   | MWLD090055          | 04/01/2010                         | 08/01/2010                          | <input checked="" type="checkbox"/> WC STATUTORY LIMITS<br><input type="checkbox"/> OTHER | \$ 1,000,000 |
|                |       |  |                     |                                    |                                     | E.L. EACH ACCIDENT  | \$ 1,000,000 |
|                |       |  |                     |                                    |                                     | E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000 |
|                |       |  |                     |                                    |                                     | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000 |
| D              |       | OTHER Motor Truck Cargo  | MXI93016182         | 04/01/2010                         | 04/01/2011                          | Limits  | 100,000      |

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

## CERTIFICATE HOLDER

## 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  
of Marsh USA Inc.