CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/01/2015

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

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

788043-STI--2015 STD

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Travelers Indemnity Co Of America	25666
INSURER B :	IQS Insurance Risk Retention Group	15080
INSURER C :	New Hampshire Insurance Co	23841
INSURER D :	AGCS Marine Insurance Company	22837
INSURER E :		
INSURER F :		

INSURED
Star Transportation, Inc.
1234 Bridgestone Parkway
LaVergne, TN 37086

COVERAGES

CERTIFICATE NUMBER: ATL-003188368-13 **REVISION NUMBER:** 8

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	**GENERAL LIABILITY**			Y-660-8281B466-COF-15	04/01/2015	04/01/2016	EACH OCCURRENCE	$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$	5,000
							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							$	
B	**AUTOMOBILE LIABILITY**			IQS-15-STAR-03	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS			See Special Wording - Pg 2			BODILY INJURY (Per accident)	$	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
	X MCS-90							$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**			WC021460061 (AOS)	04/01/2015	04/01/2016	X WC STATU-TORY LIMITS / OTH-ER		
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y	N / A		WC021460063 (CA)	04/01/2015	04/01/2016	E.L. EACH ACCIDENT	$	1,000,000
C	**(Mandatory in NH)**			WC021460062 (FL)	04/01/2015	04/01/2016	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below			WC021460067 (AZ)	04/01/2015	04/01/2016	E.L. DISEASE - POLICY LIMIT	$	1,000,000
D	Motor Truck Cargo Includes Reefer Breakdown			MXI93016182	04/01/2015	04/01/2016	Limits		100,000

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

CERTIFICATE HOLDER

Star Transportation, Inc.
1234 Bridgestone Pkwy.
LaVergne, TN 37086

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
of Marsh USA Inc.
Paul Woods

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AGENCY CUSTOMER ID: 788043

LOC #: Memphis

ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH	**NAMED INSURED** Star Transportation, Inc. 1234 Bridgestone Parkway LaVergne, TN 37086
POLICY NUMBER	
CARRIER / **NAIC CODE**	**EFFECTIVE DATE:**

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Workers Compensation Continued:

Carrier: New Hampshire Ins. Co.
Policy Number: WC021460064 (IL)
Effective Date: 04/01/2015
Expiration Date: 04/01/2016

Carrier: New Hampshire Ins. Co.
Policy Number: WC021460065 (PA)
Effective Date: 04/01/2015
Expiration Date: 04/01/2016

Carrier: New Hampshire Ins. Co.
Policy Number: WC021460066 (WI)
Effective Date: 04/01/2015
Expiration Date: 04/01/2016

Policy #IQS-15-STAR-03
Carrier: IQS Insurance Risk Retention Group
For questions regarding the Auto Liability insurance please contact Kyle Weinstein at Aon Risk Solutions - Trucking Practice at: kyle.weinstein@aon.com, phone #816 698 4603

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