

# ACORD CERTIFICATE OF LIABILITY INSURANCE

NO. J440

DATE (MM/DD/YYYY)  
5/12/2008

<b>PRODUCER</b> Insurance Network Specialties, Inc. 1801 N. Pine Island Road # 200 Plantation, FL 33322 Phone: (954) 587-6611 Fax: (954) 587-0038		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.	
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURER A:</b> LINCOLN GENERAL INS. CO.		33855	
<b>INSURER B:</b> UNDERWRITERS AT LLOYDS			
<b>INSURER C:</b>			
<b>INSURER D:</b>			
<b>INSURER E:</b>			

**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.

INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	LCW105458	5/10/2008	5/10/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 CSL BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
OTHER MOTOR TRUCK CARO	987WRAAUSTYS372-126M-0	5/10/2008	5/10/2009	LIMIT \$250,000 DEDUCTIBLE \$2,500 In respect to Collision \$5,000	

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

AS PROVIDED FOR IN SECTION 320.02(6)(E), FLORIDA STATUTES, THE LISTED INSURANCE POLICIES OR SURETY BONDS MAY NOT BE CANCELED ON LESS THAN 30 DAYS WRITTEN NOTICE BY THE INSURER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES, SUCH 30 DAYS NOTICE TO COMMENCE FROM THE DATE NOTICE IS RECEIVED BY THE DEPARTMENT.

Vehicles Description  
 2007 PETERBILT 1NP5DB9X07D748000 Stated Value \$80000  
 2008 COTTRELL 5E0AJ14408G240401 Stated Value \$40000

<b>CERTIFICATE HOLDER</b>  DEPART. OF HIGHWAY SAFETY & MOTOR VEHICLES BUREAU OF MOTOR NEIL KIRKMAN BLDG. ROOM A11 TALAHASSEE, FL 32399 Fax: (850) 488-7444 Attn:	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 
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