

HUB INT'L TRANSPORTATION INS. SERVICES, INC.

PO Box 1000 • Colchester, VT 05446-5000
Phone (802) 654-4500 • Fax (802) 654-4514

CERTIFICATE OF INSURANCE

COPY

INSURED Phone 518-587-3700
LOGISTICS ONE TRANSPORT, INC., LOGISTICS ONE WAREHOUSING INC.,
LOGISTICS ONE, INC., LOGISTICS ONE BROKERAGE, INC.
33 CADY HILL BLVD.
SARATOGA SPRINGS NY 12866

ISSUE DATE:
PRODUCER:
ISSUED BY:

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.

COVERAGES	Fed ID #	See liability	MC #
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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 CONTACT 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.

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other	CONTINENTAL CASUALTY COMPANY POLICY NUMBER: TRK 1080778643 POLICY PERIOD FROM: 4-30-2008 TO: 4-30-2009	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input type="checkbox"/>	CONTINENTAL CASUALTY COMPANY POLICY NUMBER: 2084040536 POLICY PERIOD FROM: 4-30-2008 TO: 4-30-2009	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED. EXPENSE (Any one person) \$5,000
EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	LEXINGTON INSURANCE COMPANY POLICY NUMBER: 2032533 POLICY PERIOD FROM: 4-30-2008 TO: 4-30-2009	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
MOTOR TRUCK CARGO	POLICY NUMBER: POLICY PERIOD FROM: TO:	PER VEHICLE DEDUCTIBLE PER DISASTER REEFER DEDUCTIBLE
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	NY TRANSPORTATION WC TRUST POLICY NUMBER: 120105-08 POLICY PERIOD FROM: 1-1-2008 TO: 1-1-2009	STATUTORY LIMITS EACH ACCIDENT \$500,000 DISEASE-POLICY LIMIT \$500,000 DISEASE-EACH EMPLOYEE \$500,000
PHYSICAL DAMAGE	CONTINENTAL CASUALTY COMPANY POLICY NUMBER: TRK 1080778643 POLICY PERIOD FROM: 4-30-2008 TO: 4-30-2009	\$2,500 DEDUCTIBLE COMP. \$2,500 DEDUCTIBLE COLL. TRAILER INTERCHANGE \$20,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

COPY

COPY IS FOR INFORMATIONAL PURPOSES ONLY / MUST CONTACT INSURANCE AGENT TO ISSUE

CERTIFICATE HOLDER

INSURED'S COPY

COPY IS FOR INFORMATIONAL PURPOSES ONLY

MUST CONTACT INSURANCE AGENT TO ISSUE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL **XXXX** 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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