

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/29/2009

PRODUCER <b>WELLINGTON F. ROEMER INS., INC.</b> 3912 SUNFOREST COURT P.O. BOX 8730 TOLEDO, OHIO 43623-0730		Serial # 139757	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.
INSURED STEEL & MACHINERY TRANSPORTATION, INC. 3680 WEST 179TH STREET P.O. BOX 2310 HAMMOND, IN 46323		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC#</b>
		INSURER A: PENN-STAR INSURANCE COMPANY	
		INSURER B: SENTRY SELECT INSURANCE COMPANY	
		INSURER C: UNDERWRITERS AT LLOYD'S, LONDON	
		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 POLICES 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	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A		<b>GENERAL LIABILITY</b>	PAC6552191	01/28/09	01/28/10	EACH OCCURRENCE	\$ 1,000,000				
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000				
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000				
						PERSONAL & ADV INJURY	\$ 1,000,000				
						GENERAL AGGREGATE	\$ 2,000,000				
						PRODUCTS - COMP/OP AGG	\$ 1,000,000				
		GEN'L AGGREGATE LIMIT APPLIES PER:									
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									
B		<b>AUTOMOBILE LIABILITY</b>	CT751165-1106-091	08/01/09	08/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$				
		<input type="checkbox"/> ALL OWNED AUTOS	CT751165-1106-091	08/01/09	08/01/10	BODILY INJURY (Per accident)	\$				
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
		<input checked="" type="checkbox"/> HIRED AUTOS									
<input checked="" type="checkbox"/> NON-OWNED AUTOS	COMP / COLL \$1,000 DED										
<input checked="" type="checkbox"/> COMM VEHICLES	\$30,000 LIMIT PER TRAILER										
		<input checked="" type="checkbox"/> TRAILER INTERCHANGE									
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$				
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$				
						AGG	\$				
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$				
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$				
							\$				
		<input type="checkbox"/> DEDUCTIBLE					\$				
		<input type="checkbox"/> RETENTION \$					\$				
		<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTH-ER				
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT	\$				
		If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - EA EMPLOYEE	\$				
						EL DISEASE - POLICY LIMIT	\$				
C		<b>MOTOR TRUCK CARGO</b>	AR004980H	08/01/09	08/01/10	\$100,000 VEH/\$100,000 CAT					
		<b>EXCESS CARGO</b>	AG000210H	08/01/09	08/01/10	\$150,000 VEH/\$400,000 CAT					

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

*[Signature]*

**INFORMATION ONLY**

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.