

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/28/2008

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|--|--|--|---|
| PRODUCER WELLINGTON F. ROEMER INS., INC. 3912 SUNFOREST COURT P.O. BOX 8730 TOLEDO, OHIO 43623-0730 | | Serial # 106801 | 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 | | INSURERS AFFORDING COVERAGE | NAIC# |
| | | 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 | | GENERAL LIABILITY | PAC6552191 | 1/28/08 | 1/28/09 | 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 | | AUTOMOBILE LIABILITY | CT751165-1106-071 | 7/18/07 | 7/18/08 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | | <input type="checkbox"/> ALL OWNED AUTOS | | | | 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 | | | | |
| | | <input checked="" type="checkbox"/> COML VEHICLES | | | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC \$ |
| | | | | | | AUTO ONLY: AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ |
| | | | | | | \$ |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | \$ |
| | | <input type="checkbox"/> RETENTION \$ | | | | \$ |
| | | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | EL EACH ACCIDENT \$ |
| | | | | | | EL DISEASE - EA EMPLOYEE \$ |
| | | | | | | EL DISEASE - POLICY LIMIT \$ |
| C | | OTHER MOTOR TRUCK CARGO | AR004980F | 07/18/07 | 7/18/08 | \$100,000 VEH / \$100,000 CAT |

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

CERTIFICATE APPLIES SOLELY FOR THE SPECIFIED LOAD BELOW:

DRIVER:
TRUCK:
PRO:

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

R. Roemer

INFORMATION ONLY