

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER WELLINGTON F. ROEMER INSURANCE, INC. P.O. BOX 3912 TOLEDO OH 43623	Serial # 101507	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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC#</th> </tr> <tr> <td>INSURER A: PENN-STAR INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B: SENTRY SELECT INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER C: UNDERWRITERS AT LLOYD'S, LONDON</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	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:	
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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	01/28/08	01/28/09	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	07/18/07	07/18/08	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"/> COMM VEHICLES											
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$				
						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				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER					
		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		OTHER	AR004980F	07/18/07	07/18/08	\$100,000 VEH / \$100,000 CAT					
		MOTOR TRUCK CARGO				AG000210F	07/18/07	07/18/08	\$150,000 VEH / \$400,000 CAT		
C		EXCESS CARGO									

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

CERTIFICATE HOLDER

CANCELLATION

INFORMATION ONLY

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

