

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/19/2005

PRODUCER WELLINGTON F. ROEMER INS., INC. 3912 SUNFOREST COURT P.O. BOX 8730 TOLEDO, OHIO 43623-0730		Serial # 100216	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	PAC6458213	01/28/05	01/28/06	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 \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B		AUTOMOBILE LIABILITY	CT751050-1105-051	07/18/05	07/18/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS	CT751050-1105-051 TRLR INT: \$30,000 PER TRAILER COMP/COLL: \$1,000 DED	07/18/05	07/18/06	BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<input checked="" type="checkbox"/> ALL COMM'L VEHICLES						
<input checked="" type="checkbox"/> TRLR INTERCH.						
		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 \$
						\$
		DEDUCTIBLE \$				\$
		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?				EL EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - EA EMPLOYEE \$
						EL DISEASE - POLICY LIMIT \$
C		OTHER	RDS0000066-1	04/24/05	04/24/06	\$250,000 VEH / \$500,000 CAT

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

THE ATTACHED LIST OF PROVIDERS ARE ADDITIONAL INSURED IN REGARDS TO AUTO LIABILITY. THOSE PROVIDERS WITH (*) ARE ADDITIONAL INSURED ON GENERAL LIABILITY AND THOSE WITH (**) ARE ADDITIONAL INSURED ON TRAILER INTERCHANGE.

CERTIFICATE HOLDER

UNIFORM INTERMODAL INTERCHANGE AND FACILITIES ACCESS AGREEMENT (UIIA)
 11785 BELTSVILLE DRIVE, STE 1100
 CALVERTON, MARYLAND 20705-4048

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

