

**COBURN INSURANCE AGENCY, INC.**

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

**CERTIFICATE OF INSURANCE**

**COPY**

**INSURED** Phone 1-800-627-3664  
**ESSA TRANSPORT, LLC**  
 660 HOWARD STREET  
 BUFFALO NY 14206

ISSUE DATE:  
 PRODUCER:  
 ISSUED BY:

THIS CERTIFICATE IS ISSUED AS A MATTER OF COURSE. IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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**COVERAGES** Fed ID # 352234791 MC # 497323

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, CONDITIONS AND EXCLUSIONS AND AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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, CONDITIONS AND EXCLUSIONS AND AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMIT
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All-Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other	<b>NORTHLAND INSURANCE COMPANY</b> POLICY NUMBER: TN 442633 POLICY PERIOD FROM: 9-24-2004 TO: 9-24-2005 049	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input type="checkbox"/>	POLICY NUMBER: POLICY PERIOD FROM: TO:	GENERAL AGGREGATE PRODUCTS-COMP/OP AC PERSONAL & ADV. INJUF EACH OCCURRENCE FIRE DAMAGE (Any one fi MED. EXPENSE (Any one son)
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	POLICY NUMBER: POLICY PERIOD FROM: TO:	EACH OCCURRENCE AGGREGATE
<b>MOTOR TRUCK CARGO</b>	<b>NORTHLAND INSURANCE COMPANY</b> POLICY NUMBER: TN 442633 POLICY PERIOD FROM: 9-24-2004 TO: 9-24-2005 049	PER VEHICLE \$100,000 DEDUCTIBLE \$1,000 PER DISASTER \$200,000 REEFER DEDUCTIBLE
<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>	POLICY NUMBER: POLICY PERIOD FROM: TO:	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLO
<b>PHYSICAL DAMAGE</b>	<b>NORTHLAND INSURANCE COMPANY</b> POLICY NUMBER: TN 442633 POLICY PERIOD FROM: 10-1-2004 TO: 9-24-2005 049	\$1000 Deductible comprehensive collision with Company \$1000 Deductible per schedule on fi

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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

CERTIFICATE HOLDER

**INSURED'S COPY**

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**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL A WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE EFFECT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

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AUTHORIZED REPRESENTATIVE

**COPY / COPY / COPY / COPY / COPY**

**COPY**

**TO ISSUE**