

COBURN INSURANCE AGENCY, INC.

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

CERTIFICATE OF INSURANCE

INSURED

**ESSA TRANSPORT, LLC
660 HOWARD STREET
BUFFALO NY 14206**

Phone 1-800-627-3664

ISSUE DATE:
PRODUCER:
ISSUED BY:

COPY

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.

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

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY <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	NORTHLAND INSURANCE COMPANY POLICY NUMBER: TN484448R POLICY PERIOD FROM: 9-24-2006 TO: 9-24-2007 049	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <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"/>	NORTHLAND INSURANCE COMPANY POLICY NUMBER: POLICY PERIOD FROM: TO:	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)
EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	NORTHLAND INSURANCE COMPANY POLICY NUMBER: POLICY PERIOD FROM: TO:	EACH OCCURRENCE AGGREGATE
MOTOR TRUCK CARGO	NORTHLAND INSURANCE COMPANY POLICY NUMBER: TN484448R POLICY PERIOD FROM: 9-24-2006 TO: 9-24-2007 049	PER VEHICLE \$100,000 DEDUCTIBLE \$1,000 PER DISASTER \$200,000 REEFER DEDUCTIBLE \$1,000
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	NORTHLAND INSURANCE COMPANY POLICY NUMBER: POLICY PERIOD FROM: TO:	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
PHYSICAL DAMAGE	NORTHLAND INSURANCE COMPANY POLICY NUMBER: TN484448R POLICY PERIOD FROM: 9-24-2006 TO: 9-24-2007 049	\$1000 Deductible Comprehensive \$1000 Deductible Collision per schedule on file with Company

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

COPY

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 ~~XXXX~~ 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

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