

HUB INT'L TRANSPORTATION INS. SERVICES, INC.

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

CERTIFICATE OF INSURANCE

INSURED Phone **203-469-6300**
CARRANO TRANSPORTATION AND LOGISTICS, INC.
140 COMMERCE STREET
EAST HAVEN, CT 06512

ISSUE DATE: 1-6-2011
PRODUCER: Paul Calhoun
ISSUED BY: Cara Richland

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 # **06-1565239** MC # **375203**

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 checked="" type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other	CANAL INSURANCE POLICY NUMBER: PIA06435601 POLICY PERIOD FROM: 1-6-2011 TO: 1-6-2012	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input type="checkbox"/>	TRAVELERS POLICY NUMBER: QT660-6012B338 POLICY PERIOD FROM: 1-6-2011 TO: 1-6-2012	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. Included PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$10,000
EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	POLICY NUMBER: POLICY PERIOD FROM: TO:	EACH OCCURRENCE AGGREGATE
MOTOR TRUCK CARGO	TRAVELERS PROPERTY CASUALTY COMPANY POLICY NUMBER: QT660-6012B338 POLICY PERIOD FROM: 1-6-2011 TO: 1-6-2012 119	PER VEHICLE \$100,000 DEDUCTIBLE \$1,000 PER DISASTER \$100,000 REEFER DEDUCTIBLE
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	POLICY NUMBER: POLICY PERIOD FROM: TO:	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
PHYSICAL DAMAGE	CANAL INSURANCE POLICY NUMBER: PIA06435601 POLICY PERIOD FROM: 1-6-2011 TO: 1-6-2012	\$1,000 COMP/COLL DED \$30,000 TRAILER INTERCHANGE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The UIIE-1 is part of the auto policy. The attached list of providers are named additional insured on Auto. Those companies marked with (*) are additional insured on General and those marked with (**) are additional insured on Trailer Interchange.

CERTIFICATE HOLDER

Fax Number:
301-982-3414

UIIA

11785 BELTSVILLE DR, STE 1100
CALVERTON MD 20705

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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

Sean Light