

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**

**COPY**

**INSURED** Phone 207-883-5184  
R.C. MOORE, INC  
8 GINN ROAD  
SCARBOROUGH ME 04074

ISSUE DATE:  
PRODUCER:  
ISSUED BY:

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 # 01-0278035 MC # 143563

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
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Other	<b>STATE NATIONAL INSURANCE COMPANY</b> POLICY NUMBER: <b>TPN 000136-A</b> POLICY PERIOD FROM: <b>3-1-2009</b> TO: <b>9-1-2010</b>	COMBINED SINGLE LIMIT <b>\$1,000,000</b> 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 AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella <input checked="" type="checkbox"/> Other Than Umbrella	<b>LEXINGTON INSURANCE</b> POLICY NUMBER: <b>025655147</b> POLICY PERIOD FROM: <b>3-1-2009</b> TO: <b>3-1-2010</b>	EACH OCCURRENCE <b>\$1,000,000</b> AGGREGATE <b>\$1,000,000</b>
<b>MOTOR TRUCK CARGO</b>	<b>STATE NATIONAL INSURANCE COMPANY</b> POLICY NUMBER: <b>TPN-000136-A</b> POLICY PERIOD FROM: <b>3-1-2009</b> TO: <b>9-1-2010</b>	PER VEHICLE <b>\$250,000</b> DEDUCTIBLE <b>\$5,000</b> PER DISASTER <b>\$250,000</b> REEFER DEDUCTIBLE <b>\$5,000</b>
<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>	POLICY NUMBER: POLICY PERIOD FROM: TO:	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
<b>PHYSICAL DAMAGE</b>	<b>STATE NATIONAL INSURANCE COMPANY</b> POLICY NUMBER: <b>TPN-000136-A</b> POLICY PERIOD FROM: <b>3-1-2009</b> TO: <b>9-1-2010</b>	<b>\$ 5,000 Ded. Comp/Coll</b>

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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MUST CONTACT INSURANCE AGENT TO ISSUE**

**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

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