

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 **802-891-2000**
NEW ENGLAND DELIVERIES, INC.
24 CLAPPER ROAD
MILTON VT 05468

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 # **03-0369677** MC # **462067**

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 checked="" type="checkbox"/> All Owned Autos <input checked="" 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	NATIONAL CASUALTY COMPANY POLICY NUMBER: CTO0706536 POLICY PERIOD FROM: 9-5-2007 TO: 9-5-2008 028	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"/>	ACADIA POLICY NUMBER: CLA 0227969 POLICY PERIOD FROM: 9-5-2007 TO: 9-5-2008	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$2,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$250,000 MED. EXPENSE (Any one person) \$5,000
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 ST. PAUL POLICY NUMBER: QT6605581C047 POLICY PERIOD FROM: 9-5-2007 TO: 9-5-2008 119	PER VEHICLE \$100,000 DEDUCTIBLE \$2,500 PER DISASTER \$200,000 REEFER DEDUCTIBLE
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	AMERICAN INTERNATIONAL GROUP POLICY NUMBER: WC6855980 POLICY PERIOD FROM: 7-11-2007 TO: 7-11-2008 PMC	STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
PHYSICAL DAMAGE	NATIONAL CASUALTY COMPANY POLICY NUMBER: CTO0706536 POLICY PERIOD FROM: 9-5-2007 TO: 9-5-2008 028	\$ 5,000 Ded Comp/Coll

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

COPY

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

CERTIFICATE HOLDER

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.

INSURED'S COPY

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AUTHORIZED REPRESENTATIVE

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