ALL-TRA-01

PHITE

ACORD*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/7/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of suc	h endorsement(s).			
PRODUCER		CONTACT NAME:		
Medford Office PayneWest Insurance, Inc.		PHONE (A/C, No, Ext): (541) 779-1321	FAX (A/C, No): (541) 779-9187	
38 North Central Ave.		E-MAIL ADDRESS:		
Medford, OR 97501		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Underwriters at Lloyds		
INSURED All-Quip Transportation Services, LLC 3437 McQuire Way Medford, OR 97504		INSURER B : Essex Insurance Company		
		INSURER C: United States Fire Insurance		
		INSURER D:		
		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUI	MBER:	
THIS IS TO CERTIFY THAT 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 CONTRACT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER LTR INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) Α **COMMERCIAL GENERAL LIABILITY** 1,000,000 **EACH OCCURRENCE** \$ DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR PENDING 11/07/2014 11/07/2015 50,000 \$ 1.000 MED EXP (Any one person) \$ Included PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ PRO-JECT Included POLICY PRODUCTS - COMP/OP AGG LOC \$ \$ OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ 1.000.000 (Ea accident) В 10/27/2014 10/27/2015 TBL1372-B BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE \$ HIRED AUTOS **AUTOS** (Per accident) Contingent Auto X \$ 1,000,000 **Aggregate Limit UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ \$ DED RETENTION S WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ Îf yes, describe under DESCRIPTION OF OPERATIONS below FI DISEASE - POLICY LIMIT 11/05/2015 Occurrence Limit WW01309 11/05/2014 500.000 Motor Truck Cargo C **ICC Broker Bond** 615986332 10/22/2014 10/22/2015 Bond Limit 75,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Proof of coverage for insd's use	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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