



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/15/11

PRODUCER The Merritt Insurance Group 15008 Kercheval Grosse Pointe Park, MI 48230 Phone (313) 885-8850 Fax (313) 885-8854	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Load One, LLC 13221 Inkster Taylor, MI 48180	INSURER A: Liberty Mutual Ins Co.	012423
	INSURER B: Lexington Insurance Co.	002350
	INSURER C: The Hartford	002229
	INSURER D: Travelers Indemnity Co.	004003
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input type="checkbox"/>	GENERAL LIABILITY	GL 1005947	08/20/2011	08/20/2012	EACH OCCURRENCE	1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	5,000
		<input type="checkbox"/> _____				PERSONAL & ADV INJURY	1,000,000
		<input type="checkbox"/> _____				GENERAL AGGREGATE	2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	1,000,000
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY	AL 1115946	08/20/2011	08/20/2012	COMBINED SINGLE LIMIT (Ea accident)	1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON OWNED AUTOS					
		<input type="checkbox"/> _____					
		<input type="checkbox"/> _____					
	<input type="checkbox"/>	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	
		<input type="checkbox"/> _____				AUTO ONLY: AGG	
B	<input type="checkbox"/>	EXCESS / UMBRELLA LIABILITY	043732395	08/20/2011	08/20/2012	EACH OCCURRENCE	2,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	2,000,000
		<input type="checkbox"/> DEDUCTIBLE					
		<input type="checkbox"/> RETENTION \$					
D	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	6KUB-0380MI76-11	08/20/2011	08/20/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	100,000
						E.L. DISEASE - POLICY LIMIT	500,000
C		OTHER	35MSZU8308	08/20/2011	08/20/2012	Each Occur \$250,000	Aggr: \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Addtl Covg-Motor Truck Cargo: \$500,000 Flat Bed and Specialized Loads

CERTIFICATE HOLDER	CANCELLATION
Load One, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 