

HUB INT'L TRANSPORTATION INS. SERVICES, INC.

PO Box 1000 • Colchester, VT 05446-5000
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CERTIFICATE OF INSURANCE

INSURED

Phone **716-873-9703**

TONAWANDA TANK TRANSPORT SERVICE, INC.
TONAWANDA LEASING CORP. & TONAWANDA ENVIRONMENTAL CORP.
P. O. BOX H, 1140 MILITARY ROAD
BUFFALO NY 14217

ISSUE DATE: 10-19-2009

PRODUCER: Andy Light

ISSUED BY: Tammy Sileo

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 # **16-1111914** MC # **152173**

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 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 checked="" type="checkbox"/> Garage Liability <input type="checkbox"/> Other	ZURICH AMERICAN INSURANCE COMPANY POLICY NUMBER: TRK3560636 10 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010 155	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"/>	STEADFAST INSURANCE COMPANY POLICY NUMBER: GPL 3568479 09 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010 155	GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$5,000
EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	STEADFAST INSURANCE COMPANY POLICY NUMBER: SE03567902-09 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010 155	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	STEADFAST INSURANCE COMPANY POLICY NUMBER: POLICY PERIOD FROM: TO:	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
CONTRACTORS POLLUTION	STEADFAST INSURANCE COMPANY POLICY NUMBER: GPL 3568479 09 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010	\$1,000,000 EACH CLAIM \$1,000,000 AGGREGATE INCLUDES PROFESSIONAL E & O
MOTOR TRUCK CARGO	HARTFORD INSURANCE COMPANY POLICY NUMBER: 04 MS KJ1235K1 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010	\$100,000 PER UNIT \$1,000 DEDUCTIBLE GENERAL COMMODITIES ONLY
PHYSICAL DAMAGE	ZURICH AMERICAN INSURANCE COMPANY POLICY NUMBER: TRK3560636-09 POLICY PERIOD FROM: 10-22-2009 TO: 10-22-2010	\$1,000 DEDUCTIBLE COLLISION \$1,000 DEDUCTIBLE COMP.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 60 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 COPY

AUTHORIZED REPRESENTATIVE

