

# CERTIFICATE OF INSURANCE

**ISSUE DATE (MM/DD/YY)**

03/03/2008

**BROKER**



**HKMB HUB International Limited**  
 595 Bay Street, Ste 900  
 Toronto, ON M5G 2E3  
 T: (416) 597-0008 F: (416) 597-2313

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.

Company A	Old Republic Insurance Co. of Canada
Company B	
Company C	
Company D	
Company E	

**INSURED'S FULL NAME AND MAILING ADDRESS**

New Penn Motor Express, Inc.  
 625 South 5th Avenue  
 Lebanon, PA 17042  
 Canada

**COVERAGES**

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.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> TENANT'S LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILE <input type="checkbox"/> HIRED AUTOMOBILE	A	CGLMWML18562-04	03/01/2008	03/01/2009	EACH OCCURRENCE	\$ 5,000,000	
					GENERAL AGGREGATE	\$	
					PRODUCTS - COMP/OP AGGREGATE	\$ 5,000,000	
					PERSONAL INJURY	\$ 5,000,000	
					EMPLOYER'S LIABILITY	\$	
					TENANT'S LEGAL LIABILITY	\$	
					NON-OWNED AUTOMOBILE	\$	
					HIRED AUTOMOBILE	\$	
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> All Perils Ded- \$1000 <small>**ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	CMWML18562 AC-04 CMWML18562 QB-04 CMWML18562 ONT-04	03/01/2008	03/01/2009	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 2,000,000	
					BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE	\$	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE	\$	
					AGGREGATE	\$	
<b>OTHER (SPECIFY)</b>						\$	
						\$	
						\$	
						\$	
						\$	

**DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS/ ADDITIONAL INSURED**

**CERTIFICATE HOLDER**

\*\*For Information Only\*\*

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Per: