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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2010

Ĺ			CERI	IFICATE OF LI	HOILIT	IINOUKA	INCE	12/29/2010			
PRODUCER LIC #0726293 1-415-391-1500 Gallagher Construction Services/ Arthur J. Gallagher & Co. Insurance Brokers of CA Inc. 1 Market St., Spear Tower #200  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.											
San Francisco, CA 94105					INSURERS A	INSURERS AFFORDING COVERAGE					
INSU	RED										
	Sheedy Drayage Co.					INSURER A: NATIONAL INTERSTATE INS CO					
P.O. Box 77004						INSURER B: NATIONAL UNION FIRE INS CO OF PITTS					
		. /	,	•		INSURER C: ARCH SPECIAITY INS CO					
San	Fra	nci	sco, CA 94107		INSURER D:	INSURER D:					
INSURER E:											
	COVERAGES										
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. 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)	LIMIT	s			
A	X		ERAL LIABILITY	SCG 0000096-00	09/01/10	01/01/12	EACH OCCURRENCE	\$ 1,000,000			
		х	COMMERCIAL GENERAL LIABILITY		, ,		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000			
			CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ Excluded			
							PERSONAL & ADV INJURY	\$ 1,000,000			
							GENERAL AGGREGATE	\$ 2,000,000			
			I N'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$1,000,000			
		GEI	POLICY X PRO-				PRODUCTO COMPTOR AGG	\$ 1,000,000			
A	х	AU1	TOMOBILE LIABILITY  ANY AUTO	SCR0000096-03	01/01/11	01/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
		x	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
				·	•		PROPERTY DAMAGE (Per accident)	\$			
		GAF	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
1			ANY AUTO				OTHER THAN EA ACC	\$			
							AUTO ONLY: AGG	\$			
В		EXC	ESS / UMBRELLA LIABILITY	BE19714963	09/01/10	01/01/12	EACH OCCURRENCE	\$ 10,000,000			
		х	OCCUR CLAIMS MADE	•			AGGREGATE	\$ 10,000,000			
1			_		,		•	\$			
1			DEDUCTIBLE	,	•			\$			
		x	RETENTION \$ 10,000					\$			
A			S COMPENSATION	scw0000096-02	01/01/11	01/01/12	x WC STATU- OTH- TORY LIMITS ER				
1			LOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE Y/N MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000			
	OFFI (Man	CER/i	MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$1,000,000			
	If yes	, des	cribe under PROVISIONS below	· ·			E.L. DISEASE - POLICY LIMIT	\$1,000,000			
C	отн	ΞR	r Interchange	UM00000176MA10A	09/01/10	09/01/11	PhysicalDam SubLmt	40,000			
DES	CRIPT	טא מ	F OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	L MENT / SPECIAL PROV	ISIONS					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS											
CE	CERTIFICATE HOLDER CANCELLATION *10 day notice for non-payment of premium										
CENTIFICATE NOLDEN				T							
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  DATE THEREOF, THE ISSUING INSURER WILL EXBEAVEMENTS.  DAYS WRITTEN								
*Evidence of Coverage  NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, EXMENSIONES AND TO THE LEFT, EXMENSIONES AND TH							1				
1			•								
١.					1	MEGHERRRALPARKEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
					AUTHODIZED DEDDESENTATIVE //						
					AUTHORIZED REPRESENTATIVE						

ACORD CERTIFICATE OF PROPERTY INSURANCE DATE (MM/DD/YY) 09/02/2010												
Gal:	DUCER LIC #0726293 lagher Construction Servic hur J. Gallagher & Co. Ins	•	ONLY AN	D CONFERS N THIS CERTIFICA	UED AS A MATTER CONTINUES OF RESERVED THE CONTINUES OF THE PARENTE	IE CERTIFICATE ND, EXTEND OR						
1 M	arket St., Spear Tower #20	0	ALIENTI	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  COMPANIES AFFORDING COVERAGE								
San	Francisco, CA 94105		COMPANY A INI	COMPANY								
INSU She	RED edy Drayage Co.		COMPANY B	COMPANY								
₽.0	. Box 77004	•	COMPANY C									
San	Francisco, CA 94107		COMPANY <b>D</b>									
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.												
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS						
	PROPERTY				BUILDING	s						
	CAUSES OF LOSS				PERSONAL PROPERTY	\$						
	BROAD BROAD				BUSINESS INCOME EXTRA EXPENSE	\$						
	SPECIAL				BLANKET BUILDING	\$						
	EARTHQUAKE				BLANKET PERS PROP	\$ .						
	FLOOD				BLANKET BLDG & PP	\$						
						\$						
						\$						
A	X INLAND MARINE	UM00000176MA10A	09/01/10	09/01/11	X Riggers Liab:	\$ 10,000,000						
	TYPE OF POLICY  MotorTruckCargo & Riggers				X Offsite Storage	\$ 10,000,000						
	CAUSES OF LOSS				X MotorTruckCarg:							
	NAMED PERILS				X Storage in Tran							
	X OTHER				X Deductible	\$ 25,000						
	CRIME					\$						
	TYPE OF POLICY					\$						
<u> </u>						\$						
	BOILER & MACHINERY					\$						
	OTHER											
						\$						
						\$ \$						
LOC	ATION OF PREMISES/DESCRIPTION OF PRO	DPERTY				1 3						
RE: Evidence of Coverage												
SPECIAL CONDITIONS/OTHER COVERAGES												
e E	RTUFIGATIE HOUDER		- CANCELL A	าดง เราะ	Hine Control Nation of the Indian							
12E.			SHOULD AN	CANCELLATION *10 days for non-payment of premium should any of the above described policies be cancelled before the expiration date thereof, the issuing company will exceptive mail _30 days written notice to the certificate holder named to the left, xxbbxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx								
*Ev	idence of Insurance											
			ı									
				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	,		AUTHURIZED REI	-resentative	a.C.							
AC	ORD 24 (1/95) ransharges				G ACORD C	DRPORATION 1995						