

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).

PRODUCER USI Southwest Dallas /CL 1445 Ross Avenue, Suite 4200 Dallas, TX 75202 214 443-3100	CONTACT NAME: PHONE (A/C, No, Ext): 214 443-3100 FAX (A/C, No): 214 443-3118 E-MAIL ADDRESS: <table border="1" style="width:100%"> <tr> <td style="width:80%">INSURER(S) AFFORDING COVERAGE</td> <td style="width:20%">NAIC #</td> </tr> <tr> <td>INSURER A : American Alternative Insurance</td> <td>19720</td> </tr> <tr> <td>INSURER B : Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER C : Travelers Property Cas. Co. of</td> <td>25674</td> </tr> <tr> <td>INSURER D : American Alternative Insurance</td> <td>19720</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Alternative Insurance	19720	INSURER B : Lexington Insurance Company	19437	INSURER C : Travelers Property Cas. Co. of	25674	INSURER D : American Alternative Insurance	19720	INSURER E :		INSURER F :	
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INSURED Meadow Lark Transport, Inc. P.O. Box 50575 Billings, MT 59105															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			T5A2GL000005	10/01/2014	10/01/2015	EACH OCCURRENCE \$1,000,000	
	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000	
								PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$1,000,000	
							\$	
D	AUTOMOBILE LIABILITY			T5A2TP000015	10/01/2014	10/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000	
	<input checked="checked" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="checked" type="checkbox"/> HIRED AUTOS	<input checked="checked" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="checked" type="checkbox"/> Trl Inch	<input type="checkbox"/> \$1,000 Ded						Trl Inch \$\$\$40,000
B	UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR			018321336	10/01/2014	10/01/2015	EACH OCCURRENCE \$2,000,000	
<input checked="checked" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			AGGREGATE \$2,000,000					
<input type="checkbox"/> DED <input checked="checked" type="checkbox"/> RETENTION \$10,000			\$					
							WC STATUTORY LIMITS OTH-ER	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							E.L. EACH ACCIDENT \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N			N / A				E.L. DISEASE - EA EMPLOYEE \$	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
C	Motor Truck Cargo			QT6603047P063TIL14	10/01/2014	10/01/2015	\$1,000,000 Per Occ \$10,000 Ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
FOR BID PURPOSES

CERTIFICATE HOLDER *Meadow Lark Transport, Inc. P. O. Box 50575 Billings, MT 59105	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>J.W. Wagman</i>
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