**AXIOLOG-01** 

**JBOLAND** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/22/2012

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).

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PRODUCER		CONTACT Janice Boland					
DBA: Western States Insurance Age Western States Insurance Agency,	ency of Missoula	PHONE (A/C, No, Ext): (406) 721-1000	FAX (A/C, No): (406)	721-9230			
P.O. Box 4386	mc.	E-MAIL ADDRESS: jboland@wsi-insurance.com					
Missoula, MT 59808		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Mount Vernon Fire Insurance					
INSURED		INSURER B : State Compensation Ins Fund of MT					
Axiom Logistics, Inc		INSURER C: Northland Casualty Co					
PO Box 1656		INSURER D:					
Lolo, MT 59847		INSURER E :					
		INSURER F:					
001/504.050	A						

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.

E)	XCLUSI	IONS AND CO	DNDIT	TIONS	S OF SUCH		-	LIMITS SHOWN MAY HAVE BEEN					
INSR LTR		TYPE OF INSURANCE		YPE OF INSURANCE ADDL SUBR WYD POLICY NUMBER			POLICY EFF POLICY EX (MM/DD/YYYY)		LIMITS				
	-	RAL LIABILITY						CP2553175C	10/23/2012		EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 100,000
Α	<b>A</b> C	OMMERCIAL GE	Γ.					CF2333173C	10/23/2012	10/23/2013	PREMISES (Ea occurrence)	\$	5.000
		CLAIMS-MAI	DE L	<b>X</b> c	OCCUR						MED EXP (Any one person)	\$	-,
											PERSONAL & ADV INJURY	\$	Excluded
	<u> </u>										GENERAL AGGREGATE	\$	2,000,000
	_	AGGREGATE LI		PPLIE	S PER:						PRODUCTS - COMP/OP AGG	\$	Excluded
	X PO	OLICY JE	RO- CT		LOC							\$	
	AUTON	MOBILE LIABILIT	ΤY								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								BODILY INJURY (Per person)	\$			
		LL OWNED UTOS		SCHI	EDULED OS						BODILY INJURY (Per accident)	\$	
	н	IIRED AUTOS		NON	I-OWNED OS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
											,	\$	
	UI	MBRELLA LIAB		C	OCCUR						EACH OCCURRENCE	\$	
	E)	XCESS LIAB		C	CLAIMS-MADE						AGGREGATE	\$	
	DI	ED RET	ENTIO	N \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									X WC STATU- TORY LIMITS OTH- ER			
В				N/A		033642968	9/1/2012	9/1/2013	E.L. EACH ACCIDENT	\$	500,000		
				N/A	`				E.L. DISEASE - EA EMPLOYEE	\$	500,000		
									E.L. DISEASE - POLICY LIMIT	\$	500,000		
С	Contingent Cargo					WN091179	5/28/2012	5/28/2013	Limit		100,000		
DES	CRIPTION	N OF OPERATIO	ONS / L	OCAT	TIONS / VEHIC	LES (#	Attach	ACORD 101, Additional Remarks Schedule	e, if more space is	s required)			

CERTIFICATE HOLDER	CANCELLATION

Axiom Logistics \*Informational Certificate\* PO Box 1656 Lolo, MT 59847 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

Same Ohe