

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: 03/26/2010

**PRODUCER**  
**DeWitt Stern, Imperatore, Ltd.**  
**Harborside Financial Center**  
**Plaza Five, Suite 1510**  
**Jersey City, NJ 07311-4097**

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.

**INSURERS AFFORDING COVERAGE**

**INSURED**  
**Terrace Transportation, LLC**  
**3249 Richmond Terrace**  
**P.O. Box 030178**  
**Staten Island, NY 10303-0178**

COMPANY A: **Chartis Insurance Company**  
 COMPANY B: **Commerce and Industry Insurance Company**  
 COMPANY C: **Lloyd's Syndicate No. 1861**  
 COMPANY D:  
 COMPANY 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.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	EG4178391	03/22/10	03/22/11	GENERAL AGGREGATE \$ <b>2,000,000.00</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ <b>1,000,000.00</b>
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ <b>1,000,000.00</b>
					EACH OCCURRENCE \$ <b>1,000,000.00</b>
					FIRE DAMAGE (Any one fire) \$ <b>100,000.00</b>
					MED EXP (Any one person) \$ <b>25,000.00</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	CA671-26-22	03/22/10	03/22/11	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000.00</b>
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
C	EXCESS LIABILITY	MOS328454-09-1	10/13/09	10/13/10	EACH OCCURRENCE \$ <b>9,000,000.00</b>
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ <b>9,000,000.00</b>
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				STATUTORY LIMITS OTHER
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
A	OTHER <b>Pollution Liability</b>	<b>COPS7619434</b>	<b>03/22/10</b>	<b>03/22/11</b>	<b>Limit: \$5,000,000 each occurrence</b> <b>Aggregate: \$10,000,000</b> <b>Deductible: \$25,000</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**CERTIFICATE HOLDER** ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

**CANCELLATION**

*Sample*

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** 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

AUTHORIZED REPRESENTATIVE

*Thomas A. Gerone*