

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE: 10/28/11

PRODUCER
 ILENE CARTER c/o HARCO NATIONAL INSURANCE CO
 P.O. BOX 68309
 SCHAUMBURG, IL 60168-0309

INSURED
 WARD INTERNATIONAL TRUCKS, LLC
 DBA: WARD INTERNATIONAL TRUCKS OF ALABAMA, LLC
 P.O. BOX 5375
 MOBILE, AL 36605

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.

COMPANIES AFFORDING COVERAGE	
COMPANY A	HARCO NATIONAL INSURANCE COMPANY
COMPANY B	
COMPANY C	
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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN' AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HAZARD 1 POLICY	CPP0001057-26	05/01/2011	05/01/2012	AUTO ONLY - EA ACCIDENT \$500,000 OTHER THAN AUTO ONLY EAC ACC \$500,000 AGGREGATE \$1,500,000
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ ____				EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE
A	OTHER GARAGEKEEPERS LEGAL LIABILITY	CPP0001057-26	05/01/2011	05/01/2012	COMPREHENSIVE \$600,000 COMP. DED. \$1,000 COLLISION \$150,000 COLL DED \$1,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL ITEMS
 COVERAGE APPLIES AS RESPECTS WORK PERFORMED BY THE NAMED INSURED ON BEHALF OF THE CERTIFICATE HOLDER.

CERTIFICATE HOLDER | ADDITIONAL INSURED, INSURER LETTER | CANCELLATION

CITY OF TALLAHASSEE FLEET MANAGEMENT
 400 DUPRESS ST
 TALLAHASSEE, FL 32304

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *A. J. Burch* 1-800-448-4642

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Policy Number
CPP0001057 26

SCHEDULE OF NAMED INSURED(S)

Named Insured WARD INTERNATIONAL TRUCKS, LLC

Effective Date: 05-01-11
12:01 A.M., Standard Time

Agent Name ILENE CARTER

Agent No. 000114SC10

THE NAMED INSURED IS AMENDED TO READ:

WARD INTERNATIONAL TRUCKS, LLC

DBA WARD INTERNATIONAL TRUCKS
OF ALABAMA, LLC

WARD INTERNATIONAL TRUCKS OF
MISSISSIPPI, LLC WARD

INTERNATIONAL TRUCKS OF
FLORIDA, LLC

WARD IDEALEASE, LLC