

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

OP ID: TA

03/14/2014

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

	ns and conditions of the policy, ate holder in lieu of such endors				ndorsei	ment. A stat	ement on th	is certificate does not confe	r rights to the		
PRODUCER American Truck Ins Exchange 2517 Rt 35 Bldg D, Ste 201 Manasquan, NJ 08736 Rich Minerva						CONTACT NAME:					
						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS:					
						PRODUCER CUSTOMER ID #: SANAN-1					
							INSURER(S) AFFORDING COVERAGE				
INSURED San Antonio Broker Services						INSURER A: The Travelers Companies Inc.					
Inc.					INSURE						
2500 83RD STREET, BLDG 12						INSURER C:					
	NORTH BERGEN, NJ 070	47			INSURE						
						INSURER E:					
					INSURE						
COVERA				NUMBER:	REVISION NUMBER:						
INDICAT	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY	EQUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT THE POLICIE:	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT T	O WHICH THIS		
Contraction and Contraction an	ONS AND CONDITIONS OF SUCH		SUBR		DEEN P	POLICY EFF	POLICY EXP	111170			
INSR LTR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	RAL LIABILITY OMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	CLAIMS-MADE OCCUR							MED EXP (Any one person) \$			
		111	1	I .				The state of the s			

1000000	GENERAL LIABILITY					EACH OCCURRENCE	S
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s
	CLAIMS-MADE OCCUR					MED EXP (Any one person)	S
	CEANVIS-NVADE COCOR					PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$
	POLICY PRO-						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS		1			BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	s
	NON-OWNED AUTOS						s
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)		N/A			E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	CARGO		QT6609B378434-TIL-14	02/10/2014	02/10/2015	LIMIT	300,000
	Blanket Coverage		REEFER BRKDWN INCL			DED	1,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attacl	h ACORD 101, Additional Remarks Scheo	lule, if more space is	required)		

CANCELLATION CERTIFICATE HOLDER

DIRECT4

DIRECT TRAFFIC SOLUTIONS INC. FAX# 877-469-6565 P.O. BOX 999 HIGHTSTOWN, NJ 08520

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 Rich Minerva

© 1988-2009 ACORD CORPORATION. All rights reserved.