

This certificate is executed by Liberty Mutual Insurance Group as respects such insurance as is afforded by those companies.

BM0068

**Certificate of Insurance**

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed below.

**This is to certify that (Name and address of Insured) This voids and supercedes the certificate issued on 04/27/2005.**

POHL TRANSPORTATION INC  
 Pohl Logistics, LLC  
 P O BOX 334  
 9297 MCGREEVEY ROAD  
 VERSAILLES, OH 45380-9771



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

Expiration Type		Expiration Date(s)	Policy Number(s)	Limits of Liability	
<input type="checkbox"/>	Continuous*	05/01/2006	EL1-181-006049-085	Coverage afforded under WC law of the following states:	<b>Employers Liability</b>
<input type="checkbox"/>	Extended				<b>Bodily Injury By Accident</b> \$500,000 Each Accident
<input checked="" type="checkbox"/>	Policy Term				<b>Bodily Injury By Disease</b> \$500,000 Policy Limit
<b>Workers Compensation</b>					<b>Bodily Injury By Disease</b> \$500,000 Each Person
<b>General Liability</b>		05/01/2006	TB2-181-006049-095	<b>General Aggregate-Other than Prod/Completed Operations</b> \$2,000,000	
<input type="checkbox"/>	Claims Made			<b>Products/Completed Operations Aggregate</b> \$2,000,000	
<input checked="" type="checkbox"/>	Occurrence			<b>Bodily Injury and Property Damage Liability</b> \$2,000,000	<b>Per Occurrence</b>
<b>Retro Date</b>				<b>Personal and Advertising Injury</b> \$1,000,000	<b>Per Person / Organization</b>
				<b>Other Liability</b> \$5,000 Medical	<b>Other Liability</b> \$50,000 Fire Damage
<b>Automobile Liability</b>		05/01/2006	AT2-181-006049-105	<b>Each Accident - Single Limit - B. I. and P. D. Combined</b> \$1,000,000	
<input checked="" type="checkbox"/>	Owned			<b>Each Person</b>	
<input checked="" type="checkbox"/>	Non-Owned			<b>Each Accident or Occurrence</b>	
<input checked="" type="checkbox"/>	Hired			<b>Each Accident or Occurrence</b>	

**COMMENTS**  
 EL1-181-006049-085 is Ohio Employers Liability only.

\*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Special Notice - Ohio: Any person who, with intent to defraud or knowing that he / she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Important information to Florida policyholders and certificate holders: in the event you have any questions or need information about this certificate for any reason, please contact your local sales producer, whose name and telephone number appears in the lower left corner of this certificate. The appropriate local sales office mailing address may also be obtained by calling this number.

Notice of cancellation: (not applicable unless a number of days is entered below). Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policies until at least xx days notice of such cancellation has been mailed to:

Office: CINCINNATI, OH Phone: 800-441-9185

**Certificate Holder:**  
 For Information Purposes Only  
 9297 McGreevey Road  
 Versailles, OH 45380

*Andrea Bowling*  
**ANDREA BOWLING**  
 Authorized Representative

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID S1  
POLHTIC

DATE (MM/DD/YYYY)  
05/05/05


<b>PRODUCER</b> Brower Insurance Agency, LLC 6279 Tri-Ridge Blvd. Suite400 Loveland OH 45140 Phone: 513.248.4888 Fax: 513.576.5487		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.	
<b>INSURED</b> Pohl Transportation, Inc. Pohl Logistics, Inc. PO Box 334 Versailles OH 45380		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>The Travelers</b>	19038
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER 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.

INSR ADD'L LTR INBRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Cargo &amp; Contingent Cargo</b>	QT6604826A853TIL05	05/01/05	05/01/06	Limit 250,000 Deduct. 5,000

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

<b>CERTIFICATE HOLDER</b> FOR INSURED'S PURPOSES	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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 
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Certificate of Coverage

**STATE OF OHIO**  
**BUREAU OF WORKERS' COMPENSATION**  
 COLUMBUS, OHIO 43215-2256  
**CERTIFICATE OF PREMIUM PAYMENT**

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

**THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.**

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

1053002

7/1/2005 THRU 2/28/2006

POHL TRANSPORTATION, INC  
 PO BOX 334  
 VERSAILLES, OH 45380-0334

www.ohiobwc.com

*David Pohl*  
 ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

**OHIO BUREAU OF WORKERS' COMPENSATION**

**REQUIRED POSTING**

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

THIS LANGUAGE MUST BE POSTED WITH THE CERTIFICATE OF COVERAGE