

**ACORD**

**CERTIFICATE OF INSURANCE**

ISSUE DATE: 9/18/09  
(MM/DD/YY)

INSURER <b>OLD REPUBLIC INSURANCE COMPANY</b> BOX 557, 100 KING STREET WEST HAMILTON, ONTARIO CANADA L8N 3K9 <i>Fax: 905-523-1471</i> (905) 523-5936	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	NAIC #
INSURED:  SPRING CREEK CARRIERS INC. A/O SPRING CREEK LOGISTICS 4695 BARTLETT ROAD BEAMSVILLE, ONTARIO L0R 1B0	COMPANY A: <b>OLD REPUBLIC INSURANCE COMPANY</b>	24147
	COMPANY B:	
	COMPANY C:	

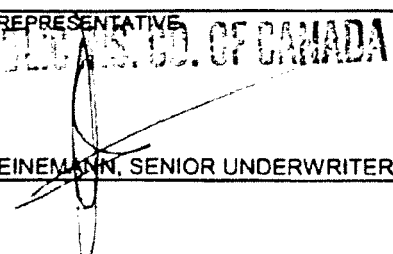
**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	R32714A	02/05/2009	02/05/2010	GENERAL AGGREGATE	\$2,000,000.			
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COM/OP AGG.				
	<table border="1"> <tr> <td>CLAIMS MADE</td> <td>X</td> <td>OCCUR.</td> </tr> </table>				CLAIMS MADE	X	OCCUR.	PERSONAL & ADV. INJURY	
	CLAIMS MADE				X	OCCUR.			
OWNER'S & CONTRACTOR'S PROT.	EACH OCCURRENCE								
	FIRE DAMAGE (Any one fire)								
	MED. EXPENSE (Any one person)								
A	AUTOMOBILE LIABILITY	T32820A	02/05/2009	02/05/2010	COMBINED SINGLE LIMIT				
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$2,000,000.			
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$			
	HIRED AUTOS								
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	\$			
	WORKERS'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMIT EACH ACCIDENT	\$			
					DISEASE-POLICY LIMIT	\$			
					DISEASE-EACH EMPLOYEE	\$			
A	OTHER	R32714A	02/05/2009	02/05/2010	LIMIT:	\$1,000,000.			
	<input checked="" type="checkbox"/> TRUCKMEN'S LEGAL CARGO LIABILITY				DEDUCTIBLE:	\$ 10,000.			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

ALL AMOUNTS ARE IN CANADIAN FUNDS

<b>CERTIFICATE HOLDER</b>	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
	AUTHORIZED REPRESENTATIVE  JEANETTE HEINEMANN, SENIOR UNDERWRITER