# ACORD™ CERTIFICATE OF INSURANCE

ISSUE DATE
09/28/2009

**PRODUCER**

McGriff, Seibels & Williams of Oregon
1800 SW First Avenue, Suite 400
Portland, OR 97201
Phone: (503) 943-6621 Fax (503) 943-6622

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 | ACE American Insurance Co. |
| Company B | Indemnity Ins. Co. of N. America |
| Company C | Great American Insurance Company |
| Company D | |
| Company E | |

**INSURED**

Con-way Inc., Con-way Freight Inc., Con-way Freight-Canada Inc., Con-way Enterprise Services Inc., Menlo Logistics, Inc., Menlo Worldwide Government Services LLC, Road Systems, Inc.
P.O. Box 4150
Portland, OR 97208-4150

This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of 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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

| CO LT | TYPE OF INSURANCE | POLICY NUMBER | EFFECTIVE EXPIRATION | LIMITS OF LIABILITY | |
|---|---|---|---|---|---|
| A | **GENERAL LIABILITY**<br>☒ Commercial General Liability<br>☐ Claims Made ☒ Occurrence<br>☐ Owners' and Contractors' Protection<br>☐<br>☐<br>General Aggregate Limit applies per:<br>☒ Policy ☐ Project ☐ Location | HDO G24934822 | 10/01/2009<br>10/01/2010 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | FIRE DAMAGE | $ 1,000,000 |
| | | | | MEDICAL EXPENSE | $ 15,000 |
| | | | | PERS. AND ADVERTISING INJURY | $ 1,000,000 |
| | | | | GENERAL AGGREGATE | $ 1,000,000 |
| | | | | PRODUCTS AND COMP. OPER. AGG. | $ 1,000,000 |
| A | **AUTOMOBILE LIABILITY**<br>☒ Any Automobile<br>☐ All Owned Automobiles<br>☐ Scheduled Automobiles<br>☐ Hired Automobiles<br>☐ Non-owned Automobiles<br>☒ Excess of SIR | XTR H08580522<br>XTR H08580510<br>ISA H08580534 | 10/01/2009<br>10/01/2010 | COMBINED SINGLE LIMIT | $ 1,000,000 |
| | | | | BODILY INJURY (Per person) | $ |
| | | | | BODILY INJURY (Per accident) | $ |
| | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | COMPREHENSIVE | |
| | | | | COLLISION | |
| A<br>B | **WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY** | WLR C45702935 (CA,AZ)<br>WLR C45702923 (AOS)<br>SCF C45702947 (WI)<br>WCU C45702959 (XS) | 10/01/2009<br>10/01/2010 | WC Statutory Limit ☒ Other ☐ | |
| | | | | EL EACH ACCIDENT | $ 1,000,000 |
| | | | | EL DISEASE (Each employee) | $ 1,000,000 |
| | | | | EL DISEASE (Policy Limit) | $ 1,000,000 |
| | **EXCESS LIABILITY**<br>☐ Occurrence ☐ Claims Made | | | EACH OCCURRENCE | $ |
| | | | | AGGREGATE | $ |
| C | **CARGO** | OMC8221612 | 10/01/2009<br>10/01/2010 | Limit Per Occurrence | $ 1,000,000 |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |

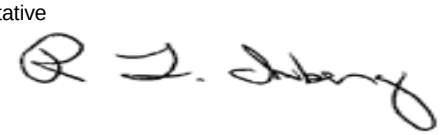
Safeco Insurance Company of America has issued a Bond of Financial Responsibility #6524239 guaranteeing payment of self-retained auto liability claims.

**CERTIFICATE HOLDER**

EVIDENCE OF INSURANCE
CON-WAY INC. AND SUBSIDIARIES

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





Certificate ID # D47VZFPW