

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 Multimodal 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 <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> <input type="checkbox"/> General Aggregate Limit applies per: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location	HDO G24934822	10/01/2009 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 <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input checked="" type="checkbox"/> Excess of SIR	XTR H08580522 XTR H08580510 ISA H08580534	10/01/2009 10/01/2010	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMPREHENSIVE COLLISION
A B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WLR C45702935 (CA,AZ) WLR C45702923 (AOS) SCF C45702947 (WI) WCU C45702959 (XS)	10/01/2009 10/01/2010	WC Statutory Limit <input checked="" type="checkbox"/> Other <input type="checkbox"/> EL EACH ACCIDENT \$ 1,000,000 EL DISEASE (Each employee) \$ 1,000,000 EL DISEASE (Policy Limit) \$ 1,000,000
	EXCESS LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			EACH OCCURRENCE \$ AGGREGATE \$
C	CARGO	OMC8221612	10/01/2009 10/01/2010	Limit Per Occurrence \$ 100,000 \$ \$ \$ \$

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 Multimodal Inc.

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

