

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/23/2015

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ertificate holder in lieu of such endor					ement on th	is certificate does not (Jonner	ignits to the	
PRODUCER McGriff, Seibels & Williams of Oregon 1800 SW First Avenue, Suite 400					CONTACT NAME:					
					PHONE (A/C, No, Ext): 503-943-6621 FAX (A/C, No): 503-943-6622					
Port	land, OR 97201			É-MAIL ADDRES	SS:				т	
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
				INSURE	R A :ACE Ameri	can Insurance	Company		22667	
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, Con-way Manufacturing Inc. P.O. Box 4150 Portland, OR 97208-4150					INSURER B :Indemnity Insurance Company of North America				43575	
					INSURER C : Zurich American Insurance Company				16535	
					INSURER D :ACE Fire Underwriters Insurance Company				20702	
					INSURER E:					
					INSURER F:					
	VERAGES CEF HIS IS TO CERTIFY THAT THE POLICIES		ATE NUMBER: CM32TB97	/E REE	N ISSUED TO		REVISION NUMBER:	THE DOI	ICV DEDIOD	
IN C	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTAI	EMENT, TERM OR CONDITION IN, THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH RESPI	ECT TO	WHICH THIS	
INSR LTR		ADDL S	SUBR	DLLININ		POLICY EXP (MM/DD/YYYY)	LIMI			
A	X COMMERCIAL GENERAL LIABILITY	INSD \	WVD POLICY NUMBER HDO G27398844		10/01/2015	10/01/2016		\$	1,000,000	
	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAINIS-INIADE X OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$	15,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1.000.000	
	PRO-						PRODUCTS - COMP/OP AGG	-	1,000,000	
	OTHER:						FRODUCTS - COMPTOF AGG	\$		
Α	AUTOMOBILE LIABILITY		XSA H08860300		10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		XSA H08860312 ISA H08860270				BODILY INJURY (Per person)	\$	1,000,000	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
	X Excess of SIR						(i ei accident)	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
A B D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WLR C48591723 (AZ, CA, MA VT)	A, TX, 1	10/01/2015	10/01/2016	X PER STATUTE OTH-	-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WLR C48591711 (AOS) SCF C48591735 (WI)				E.L. EACH ACCIDENT	\$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	WCU C48591747 (XS)				E.L. DISEASE - EA EMPLOYER	≣ \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
С			5844356		10/01/2015	10/01/2016		\$ \$	1,000,000	
								\$		
								\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC co Insurance Company of America has is:							claims.		
CERTIFICATE HOLDER					CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
EVIDENCE OF INSURANCE CON-WAY INC. AND SUBSIDIARIES					AUTHORIZED REPRESENTATIVE					