



CANAL INSURANCE COMPANY

Greenville, SC

ISSUE DATE (MM/DD/YYYY)

02/09/2009

CERTIFICATE OF INSURANCE

AGENT OF INSURED PHONE: 4105461640
 BAY SHORE INSURANCE CO.
 P.O. BOX 2534
 Salisbury, MD 21802

INSURED
 C.D-EL.A. EXPRESS, INC.
 704 Broadmoor Drive
 Annapolis, MD 21409

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. IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY MUST BE ENDORSED. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT.

RADIUS OF OPERATIONS: UNL MILES

POLICY NUMBER: PIA04274101

EFF DATE: 2008-10-29

EXP DATE: 2009-10-27

THE POLICY LISTED ABOVE HAS 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 POLICY. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE TYPE	LIMITS
AUTO LIABILITY	
<input type="checkbox"/> ANY AUTO OVER 10,000 GVW	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000
<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$ 0
<input type="checkbox"/> HIRED AUTOS	BODILY INJURY (Per accident) \$ 0
<input type="checkbox"/> NON-OWNERSHIP	PROPERTY DAMAGE \$ 0
<input type="checkbox"/> NON-TRUCKING	

PHYSICAL DAMAGE	LIMITS
<input checked="" type="checkbox"/> COLLISION LOSS	PER POLICY SCHEDULE SUBJECT TO APPLICABLE DEDUCTIBLE
<input checked="" type="checkbox"/> SPECIFIED CAUSES OF LOSS	
<input type="checkbox"/> COMPREHENSIVE	

CARGO	LIMITS
PER POLICY SCHEDULE SUBJECT TO APPLICABLE DEDUCTIBLE	
NO ADDITIONAL INSUREDS APPLY TO CARGO	
<input checked="" type="checkbox"/> BROAD FORM	EACH LOCATION \$
<input type="checkbox"/> NAMED PERILS	EACH OCCURRENCE \$ "See Schedule"
<input type="checkbox"/> OWNERS FORM	CATASTROPHE LIMIT \$ 100,000
<input checked="" type="checkbox"/> CARRIERS FORM	DEDUCTIBLE \$ "See Schedule"
<input type="checkbox"/> REFRIGERATION BREAKDOWN	

GENERAL LIABILITY	LIMITS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY - OCCUR	EACH OCCURRENCE \$
<input type="checkbox"/>	DAMAGE TO RENTED PREMISES (Each Occurrence) \$
<input type="checkbox"/>	MEDICAL EXPENSES (Any one person) \$
<input type="checkbox"/>	PERSONAL & ADVERTISING INJURY \$
	PRODUCTS / COMPLETED OPERATIONS AGG. \$
	GENERAL AGGREGATE \$

REMARKS/SPECIAL CONDITIONS
 For Auto Liability policies in the state of Florida only, as provided for in the Florida Statutes, Section 320.02(5)(e), the listed insurance policy may not be canceled on less than 30 days written notice by the insurer to the Department of Highway Safety and Motor Vehicles, such 30 days notice to commence from the date notice is received by the Department.

CERTIFICATE HOLDER	CANCELLATION
General Certificate Holder	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER WILL ENDEAVOR TO MAIL WRITTEN NOTICE TO CERTIFICATE HOLDERS, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES, NOR WILL IT DELAY CANCELLATION.
	GENERAL AGENT <u>Rosemarie Stimpf</u> PRINT NAME Delaware Valley Underwriting

