

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2015

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).

PRODUCER USI Midwest, LLC 2501 West 12th Street, Suite 9 Erie, PA 16505	<table border="1"> <tr> <td colspan="2">CONTACT NAME: Jamie Heynes</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 814-616-2610</td> <td>FAX (A/C, No): 866-305-1413</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: jamie.heyne@usi.biz</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Lexington Insurance Company</td> <td>NAIC # 19437</td> </tr> <tr> <td>INSURER B: OBI National Insurance Company</td> <td>NAIC # 14190</td> </tr> <tr> <td>INSURER C: Great West Casualty Co</td> <td>NAIC # 11371</td> </tr> <tr> <td>INSURER D: Aspen Specialty Insurance Compa</td> <td>NAIC # 10717</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Jamie Heynes		PHONE (A/C, No, Ext): 814-616-2610	FAX (A/C, No): 866-305-1413	E-MAIL ADDRESS: jamie.heyne@usi.biz		INSURER(S) AFFORDING COVERAGE		INSURER A: Lexington Insurance Company	NAIC # 19437	INSURER B: OBI National Insurance Company	NAIC # 14190	INSURER C: Great West Casualty Co	NAIC # 11371	INSURER D: Aspen Specialty Insurance Compa	NAIC # 10717	INSURER E:		INSURER F:	
CONTACT NAME: Jamie Heynes																					
PHONE (A/C, No, Ext): 814-616-2610	FAX (A/C, No): 866-305-1413																				
E-MAIL ADDRESS: jamie.heyne@usi.biz																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A: Lexington Insurance Company	NAIC # 19437																				
INSURER B: OBI National Insurance Company	NAIC # 14190																				
INSURER C: Great West Casualty Co	NAIC # 11371																				
INSURER D: Aspen Specialty Insurance Compa	NAIC # 10717																				
INSURER E:																					
INSURER F:																					
INSURED U.S. Bulk Transport, Inc. MC248896 U.S. Bulk Transport IC, Inc. MC975290 205 Pennbriar Drive Erie, PA 16509																					

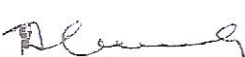
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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.		

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> X, C & U Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			021396068	12/03/2014	01/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Deductible \$10,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS90			MCP07376C	12/03/2014	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			045827907	12/03/2014	01/01/2016	EACH OCCURRENCE \$7,000,000 AGGREGATE \$7,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			406043314	08/10/2015	08/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Motor Truck Cargo			MCP07376C	12/03/2014	01/01/2016	\$500,000
D	Pollution Liab			ERADFGQ15	12/03/2014	01/01/2016	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Confirmation of Coverage.

Florida Department of Environmental Protection is certificate holder. FORM
 MCS-90 is included in Umbrella Coverage - Policy No. 045827907

CERTIFICATE HOLDER Florida Dept of Enviromental Protection, MS4550 2600 Blair Stone Road Tallahassee, FL 32399-2400	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. AUTHORIZED REPRESENTATIVE 
---	--

© 1988-2014 ACORD CORPORATION. All rights reserved.