

STATE OF OHIO
BUREAU OF INSURANCE

DATE (MM/DD/YY)
3/1/2011

Insurance Agency, Inc.
Box 82267
Cincinnati, OH 45262-0267
(513) 777-7775

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.

INSURERS AFFORDING COVERAGE

COMPANY
A Lancer Insurance Company NAIC# 26077

INSURED
Air Star Inc. dba: Air Star Express Trucking
392 Delaware Dr
Brunswick, OH 44212

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY PERSONAL GENERAL LIABILITY MADE <input type="checkbox"/> OCCUR LIMIT APPLIES PER PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person) COMBINED SINGLE LIMIT
A	MOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTO <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS	CM0052585	2/28/2011	2/28/2012	\$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY -EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STOP CAP AND EMPLOYERS' LIABILITY				EACH OCCURRENCE AGGREGATE
	THE PROPRIETER/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATU- TORY LIMITS OTH- ER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EACH EMP
		CM0052585	2/28/2011	2/28/2012	Deductible \$1,000 Limit \$100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEM FOR VEHICLES ON SCHEDULE WITH INSURING COMPANIES

CERTIFICATE HOLDER

Specific Certificate Issued Upon Request

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

FAX: ATTN:

AUTHORIZED REPRESENTATIVE
[Signature]