

PROOF OF INSURANCEIssue Date: **02/24/2011** (MM/DD/YYYY)**Producer**
OWNER-OPERATOR SERVICES, INC.

PO BOX 1000

GRAIN VALLEY MO 64029-1000

Insured
BASIC, ALMIN

1768 SIMMS ST

AURORA IL 60504-4789

This form is issued as a matter of information only and confers no rights upon the holder. This form does not amend, extend, or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE**A** OneBeacon America Insurance Co.**B****C**

COVERAGES 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 form may be issued or pertain.

The insurance afforded by the policies describe herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

| Co | Type of Insurance | Policy Number | Effective | Expiration | Policy Limits | |
|-------------------|---------------------------------|-----------------------|-------------------|-------------------|---|-----------------------|
| | General Liability | | | | General Aggregate \$ | |
| | — Commercial General Liability | | | | Products-Comp/Ops Aggregate \$ | |
| | — Claims Made — Occur. | | | | Personal & Advertising Injury \$ | |
| | — Owner's & Contractor's Prot. | | | | Each Occurrence \$ | |
| | — _____ | | | | Fire Damage (any one file) \$ | |
| | Automobile Liability | | | | Medical Expense (any one person) \$ | |
| | — Any Auto | | | | Combined Single Limit \$ | |
| | — All Owned Autos | | | | Bodily Injury (per person) \$ | |
| | — Scheduled Autos | | | | Bodily Injury (per accident) \$ | |
| | — Hired Autos | | | | Property Damage \$ | |
| A Other | — Non-Owned Autos | Master Policy: | 02/25/2011 | CONTINUOUS | | |
| | — Garage Liability | | | | | |
| | INDEPENDENT TRUCKERS | | | | | |
| | OCCUPATIONAL ACCIDENT INSURANCE | | | | | |
| | | | | | | |
| Exclusion: | | 216-000-559 | | UNTIL | \$ 500,000 | COMBINED SINGLE LIMIT |
| | | 0663161 | | CANCELLED | \$ 1,000,000 | AGGREGATE LIMIT |
| | | | | | \$ 0 | DEDUCTIBLE |

Description of Operations/Locations/Vehicles/Restrictions/Special Terms

ALL COVERAGE IS SUBJECT TO THE ACTUAL INSURING AGREEMENTS, EXCLUSIONS, AND CONDITIONS OF THE MASTER POLICY.

CANCELLATION**INTERESTED PARTY**FED EX SUPPLY CHAIN SERVICES
MIKE HOLLIDAY
5455 DARROW RD

HUDSON OH 44236

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the Interested Party 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.

AUTHORIZED REPRESENTATIVE