

CERTIFICATE OF INSURANCE

Issued Date: 12/3/04

Marsh USA Inc.
1215 Fourth Avenue, Suite 2300
Seattle, Washington 98161

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.

Companies Affording Coverage

COMPANY LETTER	A Ace American Insurance Company
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D

Insured

Lynden Transport
 Lynden Incorporated
 PO Box 3757
 Seattle, WA 98124

Coverages

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR TOHER DOCUEMTN WITH REPSECT TO WHICH THE CERTIFICATE MAY BE ISSUED TO MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Co Ltr.	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's Contract Prot. <input type="checkbox"/> <input type="checkbox"/>	HDOG19905603	11/01/04	11/01/05	General Aggregate \$ 2,000,000 Products-Comp/Op Agg \$ 2,000,000 Personal & Adv Injury \$ 2,000,000 Each Occurrence \$ 2,000,000 Fire Damage (Any one fire) \$ 1,000,000 Med. Expense (Any one person) \$ 10,000
	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit \$ Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage \$
	Garage Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> GKLL <input type="checkbox"/>				Auto Only—Each Accident \$ Other Than Auto Only \$ Each Accident \$ Aggregate \$
	Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form				Each Occurrence \$ Aggregate \$
A	Workers' Compensation and Employers Liability	WLRC43988025	11/01/04	11/01/05	Statutory Limits \$ Yes Each Accident \$ 1,000,000 Disease—Policy Limit \$ 1,000,000 Disease—Each Employee \$ 1,000,000
	Other				

Description of Operations/Locations/Vehicles/Special Items

Certificate Holder

Evidence of Insurance

Cancellation

SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.
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