



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2010

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 Rutherford 5500 Cherokee Avenue, Suite 300 Alexandria VA 22312	CONTACT NAME:		
	PHONE (A/C, No, Ext): 703-354-1616	FAX (A/C, No): 703-354-2731	
E-MAIL ADDRESS:			
PRODUCER CUSTOMER ID #:			
INSURED DD&S Express, Inc. The Davidson Transfer & Storage Company 6600 Frankford Avenue Baltimore MD 21206	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Prop & Casualty Co of Ame		25674
	INSURER B: Interstate Fire & Casualty Company		22829
	INSURER C: BrickStreet Mutual Insurance Compan		
	INSURER D: Arqonaut-Midwest Insurance Company		19828
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: 935815296 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	GENERAL LIABILITY			6309085M825	12/30/2010	12/30/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
X	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY			8409085M825	12/30/2010	12/30/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
X	ANY AUTO						
	ALL OWNED AUTOS						
	SCHEDULED AUTOS						
X	HIRED AUTOS						
X	NON-OWNED AUTOS						
B	UMBRELLA LIAB			UM00057510273	12/30/2010	12/30/2011	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$ \$
X	EXCESS LIAB						
	CLAIMS-MADE						
	DEDUCTIBLE						
	RETENTION \$						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC927498333794	12/30/2010	12/30/2011	X WC STATUTORY LIMITS OTH-ER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	WCB1002010	12/30/2010	12/30/2011	E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Cargo			6606089C13A	12/30/2010	12/30/2011	\$400,000/Truck \$400,000/Occ \$5,000 Deductible

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

Hired Car Coverage - Limit: \$100,000; Comp & Coll Ded: \$1,000
 Trailer Interchange Physical Damage - Limit: \$50,000; Comp & Coll Ded: \$1,000
 RE: All jobs
 See Attached...

CERTIFICATE HOLDER

DD&S EXPRESS INC
8515 Rainswood Drive
Landover, MD 20785

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

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