

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED. ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

ROSS EXPRESS INC

PO BOX 8908

PENACOOK

NH 03303-8908

NAME AND ADDRESS OF INSURED



Liberty Mutual

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE	POLICY NUMBER	LIMIT OF LIABILITY	
	<input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM			
WORKERS COMPENSATION	1/1/2011	WA7-61D-225816-100	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: CT MA ME NH VT	EMPLOYERS LIABILITY Bodily Injury by Accident \$500,000 Each Accident Bodily Injury By Disease \$500,000 Policy Limit Bodily Injury By Disease \$500,000 Each Person
COMMERCIAL GENERAL LIABILITY				General Aggregate Products / Completed Operations Aggregate Each Occurrence Personal & Advertising Injury Per Person / Organization Other Other
<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	RETRO DATE _____			Each Accident—Single Limit B.I. And P.D. Combined Each Person Each Accident or Occurrence Each Accident or Occurrence
AUTOMOBILE LIABILITY				
<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED				
OTHER				
ADDITIONAL COMMENTS				

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual Insurance Group

Evidence of Insurance for Ross Express, Inc.

Susan Boucher
Sue Boucher

Certificate Holder

P O Box 8908
Pneacook

NH 03303

BEDFORD / 0116 AUTHORIZED REPRESENTATIVE
 SUITE 100 10 CORPORATE DRIVE
 BEDFORD NH 03110 603-472-7100 1/7/2010
 OFFICE PHONE DATE ISSUED