

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/21/2011

PRODUCER
ADVOCATE INSURANCE GROUP, INC.
1137 MCHENRY RD. SUITE #206
BUFFALO GROVE, IL. 60089
847-229-9840/FX847-808-2154

Serial # 102526

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.

INSURED
PORRECA FREIGHT, INC. DBA:
PORRECA FREIGHT FORWARDING INC
71-77 GARLISCH DR
ELK GROVE VILLAGE, IL 60007

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: CENTRAL INSURANCE CO	
INSURER B: OCCIDENTAL FIRE & CASUALTY	
INSURER C: LLOYD'S OF LONDON INSURANCE CO	
INSURER D: BENCHMARK INSURANCE CO.	
INSURER E:	

COVERAGES

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CLP 9179261	8/20/11	8/20/12	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COMP. DED. \$1,000 <input type="checkbox"/> COLLISION DED \$1,000	CT00021234 (INCLUDES TRAILER INTERCHANGE COVERAGE LIMIT OF \$30,000)	03/04/11	03/04/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	CXS 9179265 (UMBRELLA FOR GL)	8/20/11	8/20/12	EACH OCCURRENCE	\$ 3,000,000
						AGGREGATE	\$ 3,000,000
							\$
							\$
							\$
D		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	BICA00231 09	12/31/10	12/31/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						EL EACH ACCIDENT	\$ 500,000
						EL DISEASE - EA EMPLOYEE	\$ 500,000
						EL DISEASE - POLICY LIMIT	\$ 500,000
C		OTHER MOTOR TRUCK CARGO	2001HBT064C-IL	03/04/11	03/04/12	\$150,000 PER VEHICLE	
						\$ 1,000 DEDUCTIBLE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE *TED WANKOVSKY*

Ted Wankovsky

ILLINOIS COMMERCE COMMISSION
TRANSPORTATION DIVISION
PUBLIC CARRIER CERTIFICATE

114195 MC
JAMES PORRECA
DBA PORRECA FREIGHT FORWARDING

PURSUANT TO THE PROVISIONS OF THE ILLINOIS COMMERCIAL
TRANSPORTATION LAW (625 ILCS 5/18c-1101 ET SEQ.) THIS CERTIFICATE
AUTHORIZES THE ABOVE-NAMED MOTOR CARRIER TO OPERATE IN INTRASTATE
COMMERCE TRANSPORTING

ANY AND ALL COMMODITIES
(EXCEPT HOUSEHOLD GOODS)
TO AND FROM ALL POINTS IN ILLINOIS.

THE PRIVILEGE CONVEYED BY THIS CERTIFICATE IS CONDITIONED UPON
COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF STATE LAW AND RULES. A
COPY OF THIS CERTIFICATE MUST BE CARRIED IN EACH VEHICLE ENGAGED IN
INTRASTATE TRANSPORTATION.

THE VEHICLES OF THIS CERTIFICATE HOLDER MUST BE IDENTIFIED IN
ACCORDANCE WITH 92 ILL. ADM. CODE 1.307.

THE HOLDER OF THIS LICENSE CERTIFIES TO THE COMMISSION THAT IT WILL
PERFORM TRANSPORTATION ACTIVITIES ONLY WITH THE LAWFUL AMOUNT OF
INSURANCE IN ACCORDANCE WITH 92 ILL. ADM. CODE 1.425.

ISSUE DATE: August 5, 1996

By: *Kevin Sharpe*
KEVIN SHARPE, DIRECTOR OF PROCESSING
TRANSPORTATION DIVISION

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) PORRECA Freight Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 77 Carlisch Drive	Requester's name and address (optional)
City, state, and ZIP code Elk Grove Village IL 60007	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
+
or
Employer Identification number
316-421-5151

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person Patricia A. Porreca	Date 6/6/11
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection
CUSTOMS BOND

OMB No. 1651-0050 Exp. 12-31-2010

CBP USE ONLY	BOND NUMBER 1 (Assigned by CBP)
	FILE REFERENCE

9911599910

19 CFR Part 113

In order to secure payment of any duty, tax or charge and compliance with law or regulation as a result of activity covered by any condition referenced below, we, the below named principal(s) and surety(ies), bind ourselves to the United States in the amount or amounts, as set forth below.

Execution Date
06/21/2011

SECTION I - Select Single Transaction OR Continuous Bond (not both) and fill in the applicable blank spaces.

<input type="checkbox"/> SINGLE TRANSACTION BOND	Identification of transaction secured by this bond (e.g., entry no., seizure no., etc.)	Date of transaction	Port code
<input checked="" type="checkbox"/> CONTINUOUS BOND	Effective date 06/29/2011	This bond remains in force for one year beginning with the effective date and for each succeeding annual period, or until terminated. This bond constitutes a separate bond for each period in the amounts listed below for liabilities that accrue in each period. The intention to terminate this bond must be conveyed within the period and manner prescribed in the Customs Regulations.	

SECTION II - This bond includes the following agreements.² (Check one box only, except that, 1a may be checked independently or with 1, and 3a may be checked independently or with 3. Line out all other parts of this section that are not used.)

Activity Code	Activity Name and Customs Regulations in which conditions codified	Limit of Liability	Activity Code	Activity Name and Customs Regulations in which conditions codified	Limit of Liability
1	Importer or broker 113.62	N/A	5	Public Gauges 143.67	N/A
1a	Brownbag Payment Refunds 113.60		6	Wool & Fur Products Labeling Acts Importation (Single Entry Only) 113.68	N/A
X 2	Custodian of bonded merchandise (Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouses, container station operators) 113.63	\$100,000	7	Bill of Lading (Single Entry Only) 143.69	N/A
3	International Carrier 113.64	N/A	8	Detention of Copyrighted Material (Single Entry Only) 143.70	N/A
3a	Instrument of International Traffic 113.66		9	Neutrality (Single Entry Only) 113.71	N/A
4	Foreign Trade Zone Operator 113.73	N/A	10	Court Costs for Condemned Goods (Single Entry Only) 113.72	N/A

SECTION III - List below all tradenames or unincorporated divisions that will be permitted to obligate this bond in the principal's name including their CBP Identification Number(s).³ (If more space is needed, Use Section III (Continuation) on back of form.)

Importer Number	Importer Name	Importer Number	Importer Name
N/A	N/A		
Total number of importer names listed in Section III: 0			

Principal and surety agree that any charge against the bond under any of the listed names is as though it was made by the principal(s).

If the surety fails to appoint an agent under Title 6, United States Code, Section 7, surety consents to service on the Clerk of any United States District Court or the U.S. Court of International Trade, where suit is brought on this bond. That clerk is to send notice of the service to the surety at:

Mailing Address Requested by the Surety

American Alternative Insurance Corporation
c/o Roanoke Group
1475 E. Woodfield Road, Suite 500
Schaumburg, IL 60173

Principal and surety agree that they are bound to the same extent as if they executed a separate bond covering each set of conditions incorporated by reference to the Customs Regulations into this bond.

PRINCIPAL ⁴	Name and Address PORRECA FREIGHT FORWARDING, INC. (AN ILLINOIS CORPORATION) 71-77 GARLISCH DRIVE ELK GROVE VILLAGE, IL 60007	Importer No. ³ 36-421551800	SEAL President Porreca Freight Forwarding, Inc.
		SIGNATURE ⁵ Patricia A. Porreca, <i>Patricia A. Porreca</i>	
PRINCIPAL ⁴	Name and Address	Importer No. ³	SEAL
		SIGNATURE ⁵	
SURETY ^{4,6}	Name and Address ⁶ AMERICAN ALTERNATIVE INSURANCE CORPORATION (A DELAWARE CORPORATION) 555 COLLEGE ROAD EAST PRINCETON, NJ 08540-6616	Surety No. ⁷ 036	SEAL Attorney-in-Fact
		SIGNATURE ⁵ Matthew J. Zehner <i>Matthew J. Zehner</i>	
SURETY ^{4,6}	Name and Address ⁶	Surety No. ⁷	SEAL
		SIGNATURE ⁵	
SURETY AGENTS	Name ⁸ MATTHEW L. ZEHNER	Identification No. ⁹ 005-72-3503	Name ⁸

PART I - CBP

CBP Form 301 (05/98)