

COBURN INSURANCE AGENCY, INC.

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CERTIFICATE OF INSURANCE

INSURED Phone 315-834-6681
KEITH TITUS CORP / PAGE TRANSPORTATION, INC. PAGE E.T.C., INC.
2758 TROMBLEY ROAD / PO BOX 1290
WEEDSPORT NY 13166

ISSUE DATE: 9-13-2006
PRODUCER: John Light
ISSUED BY: Lisa McSweeney

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.

COVERAGES Fed ID # MC #

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 CONTACT 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> Garage Liability <input checked="" type="checkbox"/> Other MSC 90 Endorsement	ZURICH INSURANCE COMPANY POLICY NUMBER: TRK5871388-03 POLICY PERIOD FROM: 8-6-2006 TO: 8-6-2007 001	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Owner's & Contractors Prot. <input type="checkbox"/>	ZURICH INSURANCE COMPANY POLICY NUMBER: GPL5871395-03 POLICY PERIOD FROM: 8-6-2006 TO: 8-6-2007	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$5,000
EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other Than Umbrella	STEADFAST INSURANCE COMPANY POLICY NUMBER: SEO5871393-03 POLICY PERIOD FROM: 8-6-2006 TO: 8-6-2007	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	POLICY NUMBER: POLICY PERIOD FROM: TO:	STATUTORY LIMITS EACH ACCIDENT DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
PHYSICAL DAMAGE	POLICY NUMBER: POLICY PERIOD FROM: TO:	
CONTRACTORS POLLUTION LIABILITY	ZURICH INSURANCE COMPANY POLICY NUMBER: GPL5871395-03 POLICY PERIOD FROM: 8-6-2006 TO: 8-6-2007	OCCURRENCE FORM \$1,000,000 PER OCCURRENCE \$2,000,000 AGGREGATE LIMIT
PHYSICAL DAMAGE	CLARENDON NATIONAL INS. CO. POLICY NUMBER: TPN004318 POLICY PERIOD FROM: 8-6-2006 TO: 8-6-2007	\$10,000 DEDUCTIBLE COLLISION \$10,000 DEDUCTIBLE OTC

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

PAGE E.T.C., INC.

PO BOX 920
WEEDSPORT NY 13166

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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

John Light