

SERVICE DATE

PN-31
(Rev. 10/84) FEB 26 1991

INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC-115831 Sub 23**

TIDEWATER TRANSHIP COMPANY INC.
KINSTON, NC.

This permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053)*; and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

SIDNEY L. SPRICKLAND, JR.
Secretary.

(SEAL)

While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

NOTE: If there are discrepancies regarding this permit, please notify the Commission within 30 days.

←
No. MC-115831 (Sub-No. 23)

To operate as a contract carrier, by motor vehicles, in interstate or foreign commerce, over irregular routes, transporting commodities in bulk, between points in the United States, under continuing contract(s) with commercial shippers or receivers of commodities in bulk.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID: BH DATE (MM/DD/YYYY)
HARVEYS 06/28/07

PRODUCER

Scott Insurance (Lynch)
P O Box 10489
Lynchburg VA 24506
Phone: 434-832-2100 Fax: 434-832-2296

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Tidewater Transit Co., Inc.
P O Box 166
Kinston NC 28502

INSURER A: American Home Assurance A+ 19380
INSURER B: National Union Fire Ins Co A+ 19445
INSURER C: Lexington Ins Co A+
INSURER D: New Hampshire Ins Company (A+) 23841
INSURER E: Illinois National Insurance

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 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.

INSR ABBV LTR INSRB	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
					EACH OCCURRENCE	COMBINED SINGLE LIMIT (Ea accident)	
A	GENERAL LIABILITY	GL1595396	07/01/07	07/01/08	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000	
	COMMERCIAL GENERAL LIABILITY				PERSONAL & ADV INJURY	\$ 100,000	
	CLAIMS MADE				\$ 5,000		
	OCUR				\$ 2,000,000		
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						
B	AUTOMOBILE LIABILITY	CA1606973	07/01/07	07/01/08	BODILY INJURY (Per person)	\$ 2,000,000	
	ANY AUTO				BODILY INJURY (Per accident)	\$	
	ALL OWNED AUTOS				\$		
	SCHEDULED AUTOS				\$		
	HIRED AUTOS				\$		
	NON-OWNED AUTOS				\$		
	AUTO ONLY - EA ACCIDENT						\$
	GARAGE LIABILITY				EAACC	\$	
	ANY AUTO				OTHER THAN AUTO ONLY	\$	
C	EXCESS/UMBRELLA LIABILITY	0086601	07/01/07	07/01/08	EACH OCCURRENCE	\$ 3,000,000	
	OCUR				AGGREGATE	\$ 3,000,000	
	DEDUCTIBLE				\$		
	RETENTION				\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC1616406	07/01/07	07/01/08	WC STATUTE	\$ 1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under SPECIAL PROVISIONS below	WC1616407 (SPACE OR FL)			EL DISEASE - EA EMPLOYEE	\$ 1,000,000	
	OTHER				EL DISEASE - POLICY LIMIT	\$ 1,000,000	
A	MOTOR TRUCK CARGO	TM1595397	07/01/07	07/01/08	Transit	\$260,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							

CERTIFICATE HOLDER

TOWHO-1

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
Bobby Harvey

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.