

Universal Truckers Inc.

P.o. Box 653 Alamo Tx 78515

(956)650-0673 MOBILE OFFICE (956) 782-4939 FAX (956) 787-1462

E-MAIL: BERNARDOSAENZ95@YAHOO.COM

Information Needed on our trucks :

Truck Unit #	Year make/model	Vehicle .I.N#	Licence Plate #	Ton per load	Vender owned
02	1995/FRHT	SH598016	2CD390	25	OWNED
60	1999/INTL	042968	2CD492	25	OWNED
06	1998/VOLVO	WN747026	2CD489	25	OWNED
03	1996/FRHT	1TH55597	2CD494	25	OWNED
131	1993/FRHT	PH449200	2CD495	25	OWNED
157	1993/FRHT	PH490167	2CD491	25	OWNED
110	1997/FRHT	704999	2CD497	25	OWNED
187	1999/FRHT	A06750	2CD776	25	OWNED
09	1998/FRHT	WL896863	2CD496	25	OWNED
30	1998/FRHT	WLA00351	2C5039	25	OWNED

ACORD, CERTIFICATE OF LIABILITY INSURANCE

PRODUCED BY

H. CAMPOS INSURANCE AGENCY
 115 S. CAGE BLVD
 PHARR, TX 78577

DATE (MM/DD/YYYY)
 02/03/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF COURTESY ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER OR EXTEND THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Universal Truckers, Inc.
 P.O. Box 653
 Alamo Tx 78510

INSURERS AFFORDING COVERAGE

INSURER A: Hallmark County Ins. Co.
 INSURER B: Dallas Natl Ins Co.
 INSURER C: Texas Mutual Ins. Co.
 INSURER D:
 INSURER E:

NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NO OTHER REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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

WITHSTANDING THIS CERTIFICATE, NO COVERAGE SHALL BE ISSUED OR PAID FOR ANY LOSS OR DAMAGE OF SUCH NATURE AS TO BE EXCLUDED BY ANY OF THE POLICIES LISTED BELOW.

CLASSIFICATION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. FACT <input type="checkbox"/> LOG	BDGL-021110	11/10/2010	11/10/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADW INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/PROP AGG \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TXA-503262	2/5/2010	2/5/2011	COMBINED SINGLE LIMIT (Ex each auto) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	0001126796	11/10/2010	11/10/2011	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYER \$ 100,000 E.L. DISEASE - POLICY LIMIT \$

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

1893 FRHT-583018 1088 VOLV-747023 1898 FRHT-160097 1898 FRHT-180073 1897 FRHT-70409 1890 FRHT-AD875D
 1890 INTR-542655 1893 FRHT-48200 1893 FRHT-480187 1898 FRHT-310093 2000 FRHT-454400 1898 FRHT-AD0351
 1895 FRHT-475446 1893 KW-750593 1894 KW-781172 1898 FRHT-392804 1893 KW-788956 1895 KW-582344
 1890 VOLV-764939 1898 KW-771608 1898 FRHT-01005 ANY ATTACHED TRAILER

CERTIFICATE HOLDER

Additional Insured:
HIDALGO COUNTY
 Attn: Purchasing Department
 2812 S. Highway Bus 281
 Edinburg, Texas 78539

CANCELLATION

IF SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL NOTICE TO THE CERTIFICATE HOLDER NAMED TO THIS LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON THE INSURER.
 REPRESENTATIVES:
 AUTHORIZED REPRESENTATIVE

Hidalgo County

ACORD 28 (2007/09)