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| <b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>   |   | DATE (MM/DD/YYYY)<br>8/25/2009 |
| PRODUCER<br><b>BB&amp;T-Stephens &amp; Company</b><br>1825 Barrett Lakes Blvd<br>Suite 320<br>Kennesaw, GA 30144 | 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  | INSURERS AFFORDING COVERAGE   |                                |
| SHIPINPAX LLC<br>PO Box 162690<br>Atlanta, GA 30321  | INSURER A: <b>Sentry Select Insurance Company</b>   | NAIC #<br><b>21180</b>         |
|  | INSURER B: <b>Hanover Insurance Company</b>   | <b>22292</b>                   |
|  | INSURER C:  |                                |
|  | INSURER D:  |                                |
|  | 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 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 | ADD'L | TYPE OF INSURANCE  | POLICY NUMBER   | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|------|-------|--|-----------------|----------------------------------|-----------------------------------|---|
| A    |       | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  | CT7516311609091 | 08/01/09                         | 08/01/10                          | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$           |
| A    |       | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS | CT7516311609091 | 08/01/09                         | 08/01/10                          | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY-DAMAGE (Per accident) \$<br>AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$ |
|      |       | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |                 |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$  |
|      |       | EXCESS/UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE<br>RETENTION \$   |                 |                                  |                                   | WC STATUTORY LIMITS<br>OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| B    |       | OTHER Cargo  | IHA6038443      | 08/01/09                         | 08/01/10                          | \$100,000/\$1,000 Deduct  |
| B    |       | Trailer Interchge  | CT7516311609091 | 08/01/09                         | 08/01/10                          | \$25,000/\$1,000 Deduct   |
| A    |       | Physical Damage  | CT7516311609091 | 08/01/09                         | 08/01/10                          | \$1,000 Comp/Coll Deduct  |

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

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| <b>CERTIFICATE HOLDER</b><br><br>Shipinpax | <b>CANCELLATION 10 Days for Non-Payment</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>35</u> 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.<br>AUTHORIZED REPRESENTATIVE<br><i>Pat Hart</i> |
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