

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		Date (mm/dd/yyyy) <b>7/31/2007</b>	
PRODUCER: <b>The Campbell Group</b> Phone: (727) 536-1997 Fax: (800) 938-7825 PO Box 1381 Largo, FL 32779-1381		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATION DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED: <b>Sunteck Transport Carriers Inc</b> 6413 Congress Avenue Suite #260 Boca Raton, FL 33487		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: <b>St. Paul/Travelers Ins Co</b>	
		INSURER B: <b>Cherokee Insurance Co</b>	<b>10642</b>
		INSURER C:	
		INSURER D:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING AN 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.

INS LTR	ADD INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
<b>A</b>		<b>GENERAL LIABILITY</b>	<b>6660154L374</b>	<b>1/10/2007</b>	<b>1/10/2008</b>	EACH OCCURRENCE	\$ <b>2,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>100,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> Occur				MED EXP (Any one person)	\$ <b>5,000</b>
						PERSONAL AND ADV INJURY	\$ <b>1,000,000</b>
						GENERAL AGGREGATE	\$ <b>2,000,000</b>
						PRODUCTS - COMP/OR AGG	\$ <b>2,000,000</b>
		GENRL AGGREGATE LIMIT APPLIES PER					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> Project <input type="checkbox"/> LOC						
<b>B</b>		<b>AUTOMOBILE LIABILITY</b>	<b>CA070018</b>	<b>1/10/2007</b>	<b>1/10/2008</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>1,000,000</b>
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY	EA ACC \$
		AGG \$					
		<b>GARAGE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO						
		<b>EXCESS UMBRELLA LIABILITY</b>					
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE						
	<input type="checkbox"/> DEDUCTIBLE						
	<input type="checkbox"/> RETENTION \$						
		<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>					
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED					
		If yes, described under SPECIAL PROVISIONS BELOW					
		<b>OTHER</b>					

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

General liability Each Occurrence Limit was increased effective 6/6/07

**CERTIFICATE HOLDER**

Sunteck Customer

**CANCELLATION**

SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

*Danny L. Sheffield*