

<b>CSIO</b>	<b>CERTIFICATE OF INSURANCE</b>	DATE (YY/MM/DD) <b>18/05/01</b>
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<b>BROKER Palmer Atlantic Insurance Ltd.</b> 538 Main Street, Unit 1 Hartland, NB E7P 2N5	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.
<b>BROKER'S CLIENT ID: TLANE-1</b>	<b>COMPANIES AFFORDING COVERAGE</b>
	COMPANY A <b>Aviva Canada Inc</b>

<b>INSURED'S FULL NAME AND MAILING ADDRESS</b> <b>557317 B.C. Ltd. dba T-Lane</b> <b>Transportation &amp; Logistics</b> <b>32915 Mission Way</b> <b>Mission, BC V2V 6E4</b>	COMPANY B <b>SUM Strategic U/W Managers Inc</b>  COMPANY C <b>Markel Canada Limited</b>  COMPANY D
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**COVERAGES**

This is to certify that 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.

**LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)																				
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYERS'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	81818990	18/05/01	19/05/01	<table style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2000000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL INJURY</td><td style="text-align: right;">\$</td></tr> <tr><td>TENANT'S LEGAL LIABILITY</td><td style="text-align: right;">\$</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>NON-OWNED AUTO</td><td style="text-align: right;">\$</td></tr> <tr><td>OPTIONAL POLLUTION LIABILITY EXTENSION</td><td style="text-align: right;">\$</td></tr> <tr><td>(Per Occurrence)</td><td style="text-align: right;">\$</td></tr> <tr><td>(Aggregate)</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2000000	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$	PERSONAL INJURY	\$	TENANT'S LEGAL LIABILITY	\$	MED EXP (Any one person)	\$	NON-OWNED AUTO	\$	OPTIONAL POLLUTION LIABILITY EXTENSION	\$	(Per Occurrence)	\$	(Aggregate)	\$
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(Aggregate)	\$																								
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> LEASED AUTOMOBILES <input checked="" type="checkbox"/> All Perils \$2,500 <input checked="" type="checkbox"/> SEF#5  <input checked="" type="checkbox"/> SEF#27 \$150,000 <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	6141253896  DEDUCTIBLE TRACTORS/TRLRS  \$2,500 DEDUCTIBLE	18/05/01	19/05/01	<table style="width:100%; border-collapse: collapse;"> <tr><td>BODILY INJURY PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$ 2000000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 2000000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$												
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<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM <small>(Specify) \$5,000,000</small>	B C	SUM-UMB-13078-001 236933/1	18/05/01 18/05/01	19/05/01 19/05/01	<table style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 3000000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 3000000	AGGREGATE	\$																
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<b>OTHER LIABILITY (SPECIFY)</b> <b>Cargo - All Risk</b> <b>Cargo Deductible \$2,500</b>	A	81818990	18/05/01	19/05/01	All Risk 125,000																				

<b>ADDITIONAL INSURED</b>	<b>DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS</b> <b>All limits in Canadian funds.</b>
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<b>CERTIFICATE HOLDER</b> 557317 BC Ltd. dba T-Lane Transportation Fax: 604-826-4755 32915 Mission Way Mission, BC V2V 6E4	<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b> <i>Pam Arsenault</i>	<b>PRINT NAME INCLUDING POSITION HELD</b> <b>Pam Arsenault, CAIB</b> <b>Commercial Lines Advisor</b>
<b>FAX NUMBER</b> <b>506-375-4232</b>	<b>EMAIL ADDRESS</b> <b>COMPANY</b> <b>Palmer Atlantic Insurance</b>
	<b>DATE</b> <b>18/05/01</b>

CSIO CERT (2000/06)