

PRODUCER

McGriff, Seibels & Williams of Oregon
1800 SW First Avenue, Suite 400
Portland, OR 97201
Phone: (503) 943-6621

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.

COMPANIES AFFORDING COVERAGE

Company A ACE American Insurance Co.

Company B Indemnity Ins. Co. of N. America

Company C Great American Insurance Company

Company D

Company E

INSURED

Con-way Inc., Con-way Freight Inc., Con-way Freight-Canada Inc.,
Con-way Enterprise Services Inc., Menlo Logistics, Inc., Menlo
Worldwide Government Services LLC, Road Systems, Inc.
P.O. Box 4150
Portland, OR 97208-4150

This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of 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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> <input type="checkbox"/> General Aggregate Limit applies per: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location	HDO G23745318	10/01/2008 10/01/2009	EACH OCCURRENCE	\$ 1,000,000
				FIRE DAMAGE	\$ 1,000,000
				MEDICAL EXPENSE	\$ 15,000
				PERS. AND ADVERTISING INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 1,000,000
				PRODUCTS AND COMP. OPER. AGG.	\$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input type="checkbox"/>	ISA H08246610 LMT H08246452 LMT H08246294	10/01/2008 10/01/2009	COMBINED SINGLE LIMIT	\$ 1,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
				COMPREHENSIVE COLLISION	
A B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WLR C44353738 (CA, AZ) SCF C44353775 (WI) WLR C44353696 (O/S) WCU C44353817 (XS)	10/01/2008 10/01/2009	WC Statutory Limit <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
				EL EACH ACCIDENT	\$ 1,000,000
				EL DISEASE (Each employee)	\$ 1,000,000
				EL DISEASE (Policy Limit)	\$ 1,000,000
	EXCESS LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			EACH OCCURRENCE	\$
				AGGREGATE	\$
C	CARGO	OMC8221612	10/01/2008 10/01/2009	Limit Per Occurrence	\$ 1,000,000
					\$
					\$
					\$
					\$

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE
CON-WAY INC. AND SUBSIDIARIES

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE 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

