

PRODUCER
Motor Transport Underwriters, Inc.
9449 Priority Way, West Drive, Ste 104
Indianapolis, IN 46240
Phone (317)582-0073 Fax (866)542-7618
Email: certificate@mtuinc.com

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 Hudson Insurance Company (NAIC# 25054)

INSURED
Laser Net

9850 Pelham Road
Taylor, MI 48180

COMPANY B
COMPANY C
COMPANY D

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION	LIMITS	
A	GENERAL LIABILITY	HMU200008E-05	08/01/2011	11/01/2012	BODILY INJURY OCC	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG	
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS				PROPERTY DAMAGE OCC	
	<input type="checkbox"/> UNDERGROUND EXPLOSION/COLLAPSE HAZARD				PROPERTY DAMAGE AGG	
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				BI/PD COMBINED OCC	\$2,000,000.00 CSL
	<input checked="" type="checkbox"/> CONTRACTUAL				BI/PD COMBINED AGG	
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG	
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
A	AUTOMOBILE LIABILITY	HMU200008E-05	08/01/2011	11/01/2012	BODILY INJURY (Per person)	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS(Private Pass)				PROPERTY DAMAGE	
	<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)				BODILY INJURY PROPERTY DAMAGE COMBINED	\$1,000,000.00 CSL
	<input checked="" type="checkbox"/> HIRED AUTOS					
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				OTH-ER	
					EL EACH ACCIDENT	
					EL DISEASE-POLICY LIMIT	
A	Trailer Interchange Coverage	HMU200008E-05	08/01/2011	11/01/2012	\$75,000.00 CSL Per Occurrence	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICALS/SPECIAL ITEMS

CERTIFICATE HOLDER **CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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.

AUTHORIZED REPRESENTATIVE: 