



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2009

PRODUCER Capof Services, Inc. 2655 Dallas Highway, SW Ste. 610 Marietta, GA 30064 770-792-6301 Fax 770 874 2236	THIS CERTIFICATION 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 Alpha Expeditors, Inc. 2500 Pleasant Hill Rd. #323 Duluth, GA 30096	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Stratford Insurance</td> <td></td> </tr> <tr> <td>INSURER B: Lloyd's of London</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Stratford Insurance		INSURER B: Lloyd's of London		INSURER C:		INSURER D:		INSURER E:	
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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 ADJL LTR (INSRD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	CAP2009055	10/23/2009	10/23/2010	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WORKERS COMPENSATION LIMITS \$ E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
B	OTHER Motor Truck Cargo	CAP2009055	10/23/2009	10/23/2010	\$150,000 limit \$1,000 Deductible All Risk

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

PLEASE NOTE:
 ONLY THE FOLLOWING DRIVERS AND VEHICLES ARE COVERED UNDER THIS POLICY:
 Drivers: Sophia Kombo, James Caldwell and Moses Niguro Mwaura
 Vehicles: 2006 Ford F-350 Truck VIN: 1FTWW32P06EB62713 AND 2008 Quality Trailer VIN: 5NDFWS0338S000105

CERTIFICATE HOLDER	CANCELLATION
TO WHOM IT MAY CONCERN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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: <i>[Signature]</i>

W-9

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

ALPHA EXPEDITORS INC

2500 PLEASANT HILL RD #323

DULUTH, GA 30096

Part I Taxpayer Identification Number (TIN)

Employer TIN: ... Social Security number: ... Employer identification number: 20 4823689

Part II Certification

Under penalty of perjury, I certify that the information furnished on this form is true and correct. I am not aware of any information that would disqualify the individual or entity from being considered a U.S. person for purposes of the Internal Revenue Code...

Sign Here Signature of U.S. person Date 11-9-2009

General Instructions

Reader references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest on paid acquisition or refinancing of your principal residence, or distribution of debt or contributions you made to an IRA.

- 1. Identify the TIN you are providing to you and the person to whom it is being provided.
2. Certify that you are not subject to backup withholding.
3. Claim exemption from backup withholding if you are a U.S. exempt payee if applicable. You are also certifying that as a U.S. person you are liable under the provisions of the Code that require a U.S. state or local tax to be paid to the appropriate tax authority on the source or effect of the transaction.

Note: If a requester asks you for another form (Form W-9 or request your TIN), you must use the requester's form if it is a State form similar to this Form W-9.

Definition of a U.S. person for general tax purposes

- An individual who is a U.S. citizen or U.S. resident alien
• A partnership, corporation, company, or association created or organized in the United States or in the District of Columbia
• An estate of the estate of a foreign decedent
• A trust or trust estate created in Regulation 1.6013-1

Special rules for partnerships. Partnerships that are not U.S. partnerships may be treated as U.S. partnerships if they are required to pay a withholding tax on the foreign partner's share of income from such business. If that is the case, you should file a U.S. Form W-9 with the partnership to certify that it is a U.S. partnership and should attach a copy of the partnership's tax return.

The person who reports from you to the partnership is a person of substantial U.S. status who is deriving or holding on its allocable share of net income from the partnership a readily realizable interest in the United States or a U.S. source of income.

- The U.S. residence of a taxpayer or the U.S. source of the income.