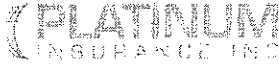


CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED'S FULL NAME AND MAILING ADDRESS Hi-Way 9 Express Ltd. Box 2020 Drumheller AB T0J 0Y0	BROKER'S FULL NAME AND MAILING ADDRESS <div style="text-align: center;">  202, 4719 48 Avenue Red Deer, AB T4N 3T1 </div> BROKER'S CLIENT ID:
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COVERAGES

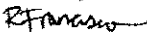
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> CONTINGENT EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> GROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	AVIVA Insurance Co. of Canada CMP81514262	2011/05/31	2012/05/31	EACH OCCURRENCE GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL INJURY TENANT'S LEGAL LIABILITY MED EXP (Anyone person) NON-OWNED AUTO OPTIONAL POLLUTION LIABILITY EXTENSION (Per Occurrence) (Aggregate)	\$ 5,000,000 \$ 5,000,000 \$ 5,000,000 \$ 5,000,000 \$ 2,500,000 \$ 10,000 \$ 5,000,000 \$ \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	AVIVA Insurance Co. of Canada 6141179438	2011/05/31	2012/05/31	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$5,000,000 \$ \$
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____	AVIVA Insurance Co. of Canada ULP81514264	2011/05/31	2012/05/31	EACH OCCURRENCE AGGREGATE	\$5,000,000 \$5,000,000
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> MOTOR TRUCK CARGO - LIQUOR ONLY	AVIVA Insurance Co. of Canada CMP81514262	2011/05/31	2012/05/31	ALL RISK	\$ 250,000

ADDITIONAL INSURED NAME AND MAILING ADDRESS	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS
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CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	CANCELLATION Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail (0) days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
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SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME INCLUDING POSITION HELD Rolando Francisco, B. Comm Account Manager
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FAX NUMBER (403) 348-5746	EMAIL ADDRESS rolando@platinuminsurance.ca	COMPANY Platinum Insurance Inc.	DATE May 12, 2011
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