



CERTIFICATE OF INSURANCE

ISSUE DATE:

November 30, 2006

PRODUCER:

ADAMS CLAY INSURANCE BROKERAGE CO.
P. O. BOX 80308
RANCHO SANTA MARGARITA, CA 92688-0308
(949) 888-1920 FAX (949) 888-1921

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 LETTER A	TRANSGUARD INSURANCE COMPANY OF AMERICA NAIC # 28886
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INSURED:

NORTHSTAR MOVING CORPORATION
9120 MASON AVENUE
CHATSWORTH, CA 91311
818 727-0139 FAX 818 727-7527

COMPANY LETTER B	CALIFORNIA INSURANCE COMPANY NAIC# 38865
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COMPANY LETTER C	
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COMPANY LETTER D	
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COVERAGES AND LIMITS

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	POLICY EXPIRATION	DESCRIPTION	LIMITS
A	GENERAL LIABILITY: COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE FORM	TCP 110313	03/07/06	03/07/07	GENERAL AGGREGATE: EACH OCCURRENCE: FIRE DAMAGE LIMIT: MEDICAL EXPENSE LIMIT:	\$ 2,000,000 \$ 1,000,000 \$ 100,000 \$ 5,000
A	AUTOMOBILE LIABILITY: <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> ANY COMMERCIAL AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED / NON-OWNED AUTOS	TCP 110313	03/07/06	03/07/07	COMBINED SINGLE LIMIT BODILY INJURY & PROPERTY DAMAGE: UNINSURED MOTORISTS COVERAGE: COMPREHENSIVE: SPECIFIED PERILS: COLLISION: HIRED OR INTERCHANGE:	\$ 1,000,000 \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	46-005248	06/01/06	06/01/07	STATUTORY LIMITS [X] EACH ACCIDENT: DISEASE - POLICY LIMIT: DISEASE - EACH EMPLOYEE:	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS:

NAME & ADDRESS OF CERTIFICATE HOLDER:

TO WHOM IT MAY CONCERN**CANCELLATION:**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ___ 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:

ADAMS CLAY INSURANCE BROKERAGE CO.

TRANSGUARD CERTIFICATE