Evidence of Workers' Compensation Insurance
Arkansas Trucking Association Self-Insurers' Fund

Member/Policy Number: 23291

1.	**Member:**	**Self-Insured Group:**
	PCD, Inc. dba Three Way Transfer of Arkansas 1022 South Y St Fort Smith, AR 72901	ATA Self-Insurers' Fund P.O. Box 3476 Little Rock, AR 72203
2.	**Effective Date:** From 01/01/10 to 01/01/11 both days at 12:01 am Standard Time	
3.	**Coverage:**	
	Named States:	Arkansas
	Excluded States:	None
	Specific Limit Each Accident	**Limits**
	A) Policy Part One, Workers' Compensation	Statutory
	B) Policy Part Two, Employers' Liability	$1,000,000
4.	**Excess Coverage:**	Ace American
	Specific Retention	**Limits**
	A) Each Accident	$750,000
	B) Each Employee for Disease	$750,000
5.	**Group Manager:**	**Service Company:**
	Arkansas Trucking Association P.O. Box 3476 Little Rock, AR 72203	Retention Management Services 10816 Executive Center Dr, Suite 203 Little Rock, AR 72211

Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail thirty (30) days written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

CERTIFICATE HOLDER

ARKANSAS TRUCKING ASSOCIATION

Shannon Vaston 1-27-10

Group Manager Date