

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

Member/Policy Number: 23291

1. Member: PCD, Inc. dba Three Way Transfer of Arkansas 1022 South Y St Fort Smith, AR 72901	Self-Insured Group: ATA Self-Insurers' Fund P.O. Box 3476 Little Rock, AR 72203
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2. Effective Date: From 01/01/11 to 01/01/12 both days at 12:01 am Standard Time

3. Coverage: Named States: Arkansas Excluded States: None	
<u>Specific Limit Each Accident</u>	<u>Limits</u>
A) Policy Part One, Workers' Compensation	Statutory
B) Policy Part Two, Employers' Liability	\$1,000,000

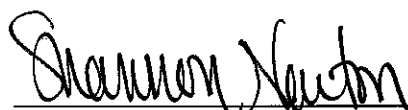
4. Excess Coverage: <u>Specific Retention</u> A) Each Accident B) Each Employee for Disease	 Ace American <u>Limits</u> \$750,000 \$750,000
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5. Group Manager: Arkansas Trucking Association P.O. Box 3476 Little Rock, AR 72203	Service Company: Retention Management Services 10816 Executive Center Dr, Suite 203 Little Rock, AR 72211
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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


Group Manager

12-22-10
Date