

COMMON POLICY DECLARATIONS

Renewal of
NEW

National Casualty Company

Policy Number
CTO0115990

Home Office:
16 North Carroll Street, Suite 209 • Madison, Wisconsin 53703-2783
Property/Casualty Division
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

ITEM 1. Named Insured and Mailing Address

WESTERN EXPRESS, INC.
7135 CENTENNIAL PL
NASHVILLE, TN 37209

Agent Name and Address

INSURISK EXCESS & SURPLUS LINE
1500 RIVERFRONT DRIVE
LITTLE ROCK, AR 72202

Agent No.: 03701 Program No.: NONE

ITEM 2. Policy Period From: 04/01/2008 To: 04/01/2009 Term: 365 DAYS

12:01 A.M., Standard Time at your mailing address.

Business Description: TRUCKER FOR HIRE

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial General Liability Coverage Part	\$ <u>NOT COVERED</u>
Commercial Property Coverage Part	\$ <u>NOT COVERED</u>
Commercial Crime Coverage Part	\$ <u>NOT COVERED</u>
Commercial Inland Marine Coverage Part	\$ <u>NOT COVERED</u>
Commercial Auto (Business Auto or Truckers) Coverage Part	\$ <u>[REDACTED]</u>
Commercial Garage Coverage Part	\$ <u>NOT COVERED</u>
Professional Liability Coverage Part	\$ <u>NOT COVERED</u>
	\$ _____
	\$ _____
Total Policy Premium:	\$ <u>[REDACTED]</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.