

# ***Saturn Freight Systems Inc***

***(LTL & TL Over the Road Trucking, Local Cartage , Warehousing & Brokerage)***

---

**DOES YOUR TRANSPORTATION COMPANY TAKE YOUR TRUST & CONFIDENCE SERIOUSLY?**

**WE BELIEVE IT'S OUR RESPONSIBILITY TO PROVIDE TOP QUALITY SERVICES WITH AN  
INDIVIDUAL APPROACH THAT GOES BEYOND JUST GETTING IT THERE!**



Saturn Freight Systems is centrally located in Carol Stream, IL with easy accessibility to 5 major highways which allows us to serve customers all around the Chicago Metro area and beyond!

We offer a complete range of shipping related services from **Local Cartage to OTR Trucking** as well as services from **Cross-docking to Warehousing**. All of our services are designed to build a lasting relationship and to meet the challenge of satisfying your shipping management goals so you look good for **YOUR** customers!

**COMMITTED \* HONEST \* RELIABLE \* FLEXIBLE**

**ALL OF THIS ACCOMPLISHED AT COMPETITIVE PRICING!**

**WON'T YOU LET US EARN YOUR TRUST & CONFIDENCE TODAY?**

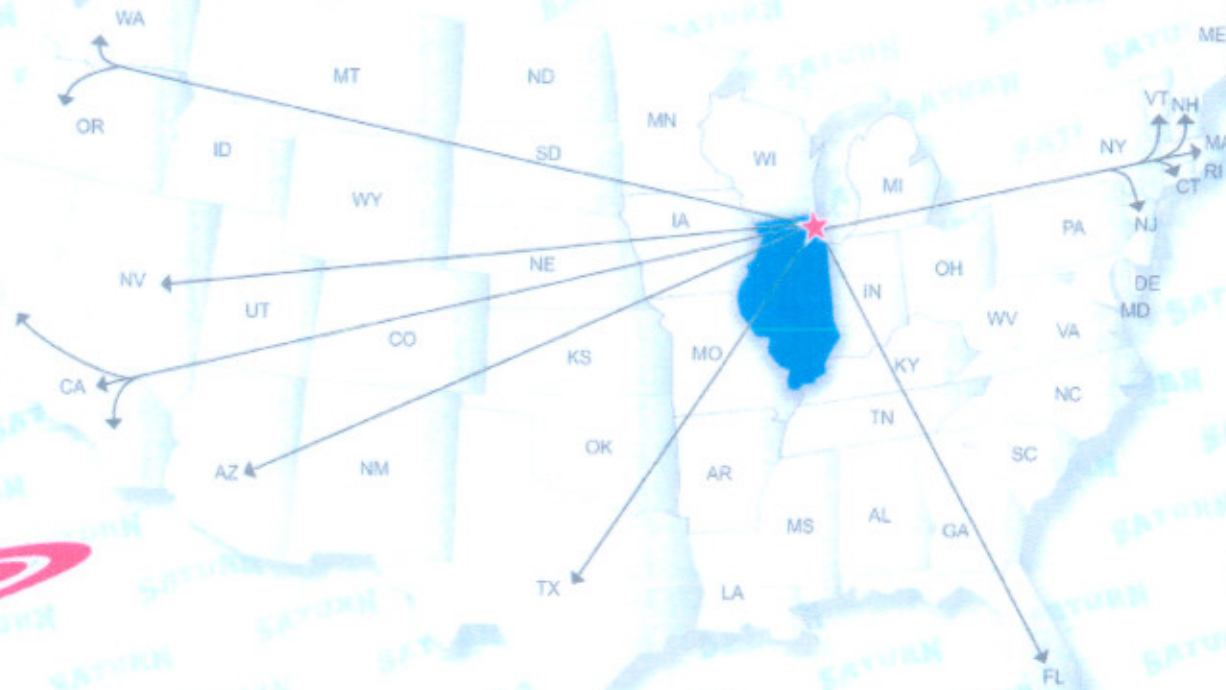
**STRESS FREE SHIPPING!**

Saturn Freight Systems Inc  
410 Kimberly Drive  
Carol Stream, Illinois 60188

Phone: 630/221-0400  
Fax: 630/221-0410  
Website: [sfsd.com](http://sfsd.com)

**SATURN**  
FREIGHT SYSTEMS, INC.

Over **25** Years of Servicing Chicago  
TRANSPORTATION  
WAREHOUSING & DISTRIBUTION



- ★ Direct Truckload & L.T.L. Service
- ★ Daily Service To The West Coast
- ★ Pool Consolidation & Stop-Off Service
- ★ Refrigerated-Temp Control Service

- ★ Local Cartage Fleet/Chicago Metro
- ★ All Trucks Late Model Air-Ride
- ★ Warehousing & Distribution Programs

For That Next Shipment, Warehousing or Distribution Need  
**Call Us at (630) 221-0400**

**SATURN FREIGHT SYSTEMS, INC.**

410 Kimberly Drive  
Carol Stream, Illinois 60188  
(630) 221-0400  
[www.sfsd.com](http://www.sfsd.com)



P.O. Box 87468 • Carol Stream, Illinois 60188-7468 • 630-221-0400 • Outside IL 800-323-0481

## CUSTOMER CREDIT REFERENCES

MR RON ZAPFEL  
**WM WRIGLEY JR COMPANY**  
410 NORTH MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60610  
312.645.4245

MR MARK PENNYBACKER  
**PARTYLITE GIFTS INC**  
882 CAROL COURT  
CAROL STREAM, ILLINOIS 60188  
630.480.3114

MR TOM PAGANO  
**FERRARA PAN CANDY COMPANY**  
7301 WEST HARRISON STREET  
FOREST PARK, ILLINOIS 60130  
708.957.7500

MR BRIAN GARRITY  
**CABOT MICROELECTRONICS CORPORATION**  
870 COMMONS DRIVE  
AURORA, ILLINOIS 60504  
630.499.2730



P.O. Box 87468 • Carol Stream, Illinois 60188-7468 • 630-221-0400 • Outside IL 800-323-0481

Using \$2.00 per gallon as the base, the following will represent Saturn Freight Systems, Inc. Fuel Surcharge Percentage. The fuel price average will be based upon the weekly Department of Energy (DOE) Fuel Index as it is updated and adjusted every Monday at 2:00PM (CST).

### Fuel Surcharge Schedule

Price per Gallon	LTL %	T/L %
2.00	7.00%	11.00%
2.05	7.50%	11.50%
2.10	8.00%	12.00%
2.15	8.50%	12.50%
2.20	9.00%	13.00%
2.25	9.50%	13.50%
2.30	10.00%	14.00%
2.35	10.50%	14.50%
2.40	11.00%	15.00%
2.45	11.50%	15.50%
2.50	12.00%	16.00%
2.55	12.50%	16.50%
2.60	13.00%	17.00%
2.65	13.50%	17.50%
2.70	14.00%	18.00%
2.75	14.50%	18.50%
2.80	15.00%	19.00%
2.85	15.50%	19.50%
2.90	16.00%	20.00%
2.95	16.50%	20.50%
3.00	17.00%	21.00%
3.05	17.50%	21.50%
3.10	18.00%	22.00%
3.15	18.50%	22.50%
3.20	19.00%	23.00%
3.25	19.50%	23.50%
3.30	20.00%	24.00%
3.35	20.50%	24.50%
3.40	21.00%	25.00%
3.45	21.50%	25.50%
3.50	22.00%	26.00%

Price per Gallon	LTL %	T/L %
3.55	22.50%	26.50%
3.60	23.00%	27.00%
3.65	23.50%	27.50%
3.70	24.00%	28.00%
3.75	24.50%	28.50%
3.80	25.00%	29.00%
3.85	25.50%	29.50%
3.90	26.00%	30.00%
3.95	26.50%	30.50%
4.00	27.00%	31.00%
4.05	27.50%	31.50%
4.10	28.00%	32.00%
4.15	28.50%	32.50%
4.20	29.00%	33.00%
4.25	29.50%	33.50%
4.30	30.00%	34.00%
4.35	30.50%	34.50%
4.40	31.00%	35.00%
4.45	31.50%	35.50%
4.50	32.00%	36.00%
4.55	32.50%	36.50%
4.60	33.00%	37.00%
4.65	33.50%	37.50%
4.70	34.00%	38.00%
4.75	34.50%	38.50%
4.80	35.00%	39.00%
4.85	35.50%	39.50%
4.90	36.00%	40.00%
4.95	36.50%	40.50%
5.00	37.00%	41.00%
5.05	37.50%	41.50%

Price per Gallon	LTL %	T/L %
5.10	38.00%	42.00%
5.15	38.50%	42.50%
5.20	39.00%	43.00%
5.25	39.50%	43.50%
5.30	40.00%	44.00%
5.35	40.50%	44.50%
5.40	41.00%	45.00%
5.45	41.50%	45.50%
5.50	42.00%	46.00%
5.55	42.50%	46.50%
5.60	43.00%	47.00%
5.65	43.50%	47.50%
5.70	44.00%	48.00%
5.75	44.50%	48.50%
5.80	45.00%	49.00%
5.85	45.50%	49.50%
5.90	46.00%	50.00%
5.95	46.50%	50.50%
6.00	47.00%	51.00%
6.05	47.50%	51.50%
6.10	48.00%	52.00%
6.15	48.50%	52.50%
6.20	49.00%	53.00%
6.25	49.50%	53.50%
6.30	50.00%	54.00%
6.35	50.50%	54.50%
6.40	51.00%	55.00%
6.45	51.50%	55.50%
6.50	52.00%	56.00%
6.55	52.50%	56.50%
6.60	53.00%	57.00%

**Note: All fuel surcharges will be a separate line item on each transportation invoice.**

If you have any questions pertaining to the above schedule, please do not hesitate to call me at (630) 221-0400 Ext: 512, or Bill Stoltz at Ext: 511.

Sincerely,

Jim Bouchez  
Saturn Freight Systems, Inc.



P.O. Box 87468 • Carol Stream, Illinois 60188-7468 • 630-221-0400 • Outside IL 800-323-0481

To Whom It May Concern:

The following is the pertinent information for Saturn Freight Systems, Inc:

Mailing Address:	Saturn Freight Systems, Inc. PO Box 87468 Carol Stream, Illinois 60188-7468
Phone:	800-323-0481
Fax:	630-614-7578
Federal ID #:	36-3098086
ICC MC #:	153705
IL ICC #:	54103MC
US DOT #:	190412
SCAC Code:	SAFH

Please do not hesitate to call if you should have any questions, 800-323-0481 x511.

Sincerely,

Bill Stoltz  
Dispatch Operations  
Saturn Freight Systems, Inc.  
410 Kimberly Dr  
Carol Stream, IL 60188  
[bstoltz@sfsd.com](mailto:bstoltz@sfsd.com)

INTERSTATE COMMERCE COMMISSION

PERMIT

No. MC 153705 (Sub 4)

SATURN FREIGHT SYSTEMS, INC.  
VILLA PARK, IL

**SERVICE DATE**

**AUG 29 1989**

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier by motor vehicle.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 1043); the designation of agents upon whom process may be served (49 CFR 1044); the execution of contracts (49 CFR 1053)\*; and for passenger carriers, tariffs or schedules (49 CFR 1312).

This authority is subject to any terms, conditions, and limitations as are now, or may later be, attached to this privilege.

The transportation service to be performed is described on the reverse side of this document.

By the Commission.

(SEAL)

NORETA R. MCGEE,  
Secretary.

\*While the execution of contracts must be accomplished, it is unnecessary to file them with the Commission.

NOTE: If there are discrepancies regarding this Permit, please notify the Commission within 30 days.

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No. MC 153705 (Sub 4)

Page 2

To operate as a contract carrier, by motor vehicle, in interstate or foreign commerce, over irregular routes, transporting general commodities (except classes A and B explosives, household goods, and commodities in bulk), between points in the U.S. (except AK and HI), under continuing contract(s) with commercial shippers or receivers of such commodities.



U.S. Department of  
Transportation  
Federal Motor  
Carrier Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590  
May 5, 2006

In reply refer to:  
Your USDOT No.: 190412  
Review No.: 464944/CR

BARNEY OBENAUER  
SAFETY DIRECTOR  
SATURN FREIGHT SYSTEMS INC  
410 KIMBERLY DRIVE  
CAROL STREAM IL 60188

RECEIVED  
MAY 09 2006

BY:.....

Dear BARNEY OBENAUER:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on April 27, 2006. A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

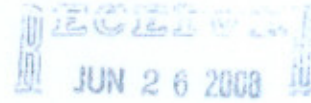
Please assure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact:

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
3250 EXECUTIVE PARK DRIVE  
SPRINGFIELD, IL 62703  
Telephone No.: 217-492-4608

Charles A. Horan, III  
Director, Office of Enforcement and  
Compliance



June 11, 2008



BY: \_\_\_\_\_

SATURN FREIGHT SYSTEM INC  
PO BOX 87468  
CAROL STREAM, IL 60188-7468

### CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **SAFH** has been renewed for:

SATURN FREIGHT SYSTEM INC  
PO BOX 87468  
CAROL STREAM, IL 60188-7468  
MC- 153705  
US DOT- 190412

This Alpha Code will apply only to the company name shown above through June 30, 2009. A renewal notice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above.

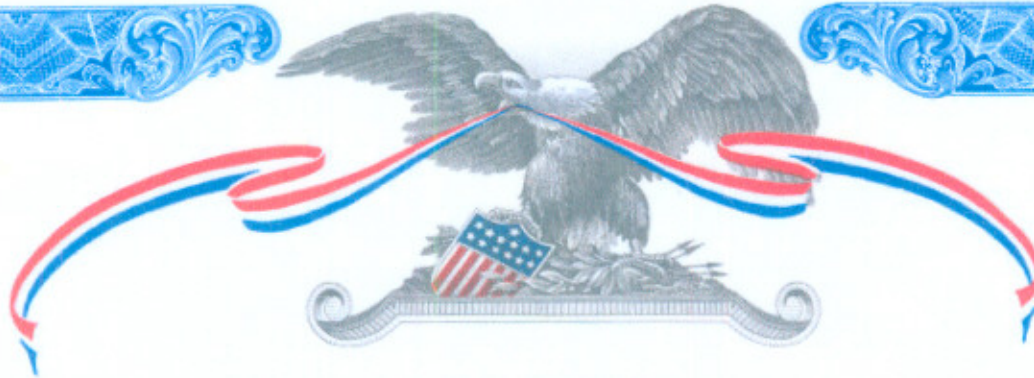
Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information by email (preferred) as a PDF or TIF attachment, or fax to the following address:

CBP SCAC Processing  
Bureau of Customs and Border Protection  
7681 Boston Blvd., Beauregard 1st Fl Wing A  
Springfield, VA 22153  
AMS.SCAC@DHS.GOV  
Fax 703.650.3650

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810





2008 - 2009

## CERTIFICATE OF REGISTRATION

*This certifies that:*

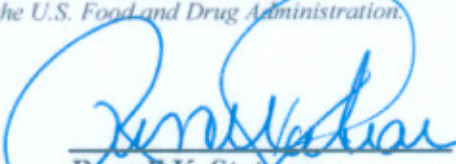
**Saturn Freight Systems, Inc.**  
**410 Kimberly Drive**  
**Carol Stream, IL 60188**  
**United States**

is registered with the U.S. Food and Drug Administration pursuant to section 305 of the United States Public Health Security and Bioterrorism Preparedness and Response Act of 2002, P.L. 107-188, such registration having been verified as currently effective on the date hereof by Registrar Corp.

U.S. FDA Registration No.: **13126811694**  
U.S. Registration Agent: **Registrar Corp.**  
144 Research Drive, Hampton, Virginia, 23666, USA  
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179

*This certificate affirms that the above stated facility is registered with the U.S. Food and Drug Administration pursuant to section 305 of the U.S. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, P.L. 107-188, such registration having been verified as effective by Registrar Corp. as of the date hereof, and Registrar Corp. will confirm that such registration remains effective upon request and presentation of this certificate until the expiration of one year from the date hereof, unless terminated after issuance of this certificate. Registrar Corp. makes no other representations or warranties, nor does this certificate make any representations or warranties to any person or entity other than the named certificate holder, for whose sole benefit it is issued. Registrar Corp. assumes no liability to any person or entity in connection with the foregoing. The U.S. Food and Drug Administration does not issue a certificate of registration, nor does the U.S. Food and Drug Administration recognize a certificate of registration. Registrar Corp. is not affiliated with the U.S. Food and Drug Administration.*

**Registrar Corp.**  
144 Research Drive, Hampton, Virginia, 23666, USA  
Telephone: +1-757-224-0177 • Fax: +1-757-224-0179  
info@registrarcorp.com • www.registrarcorp.com

  
Russell K. Statman  
Executive Director  
Registrar Corp.  
Dated: *November 19, 2008*

© Copyright 2003-2008 Registrar Corp.

STATE OF ILLINOIS

4931



DEPARTMENT OF AGRICULTURE  
BUREAU OF WAREHOUSES

License:  
500447

Expiration Date:  
July 01, 2010

PERSONAL PROPERTY WAREHOUSE LICENSE

The party herein named, having applied for a license for the storage of personal property for a compensation, under the provision of an act entitled "An Act to Regulate the Business of Storing Personal Property for a Compensation and to Repeal an Act Named Therein", approved June 27, 1935, in force July 1, 1935, as amended and having filed with the Illinois Department of Agriculture a bond with security, or a copy of a legal liability insurance policy, approved by the said Department, and having paid the fee required by law.

The said warehouse operator is hereby licensed by the Illinois Department of Agriculture, as provided by law, to store personal property for compensation in a certain warehouse. This license shall remain in full force and effect until same shall expire, be surrendered, abandoned or invalidated by conduct of the licensee herein or revoked, cancelled or invalidated by the Illinois Department of Agriculture for good cause shown, as provided by the laws of the State of Illinois.

Issued To:

Saturn Freight Systems, Inc.  
410 Kimberly Drive  
P.O. Box 87468  
Carol Stream IL 60188

A handwritten signature in blue ink, appearing to read "Stuart J. Hays".

Bureau Chief  
Department of Agriculture

**ABCDEF CERTIFICATE OF INSURANCE** AR 18482 ISSUE DATE (MM/DD/YY)  08/10/09

**PRODUCER**  
 BADGER INSURANCE AGENCY  
 5615 W 95TH ST  
 OAK LAWN IL 60453

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	MAXUM CASUALTY INSURANCE CO
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

**INSURED**  
 SATURN FREIGHT SYSTEMS  
 INC  
 P O BOX 87468  
 CAROL STREAM, IL 60188-7468

**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 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 DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	BDG003464901	08/08/09	08/08/10	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ INCLUDED PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED.EXP. (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> REPORTED	TRK601030001	08/08/09	08/08/10	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
A	OTHER COMP/COLL CARGO LIMIT CARGO DED REEF BRKDOWN DED	TRK601030001 TRK601030001	08/08/09 08/08/09	08/08/10 08/08/10	\$2500 DED 100,000 \$2500 \$2500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

FOR INFORMATIONAL PURPOSES

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

06/17/09

Certificate ID: 78794

**PRODUCER**

Aon Risk Services, Inc. of FL  
1001 Brickell Bay Drive, Suite #1100  
Miami, FL 33131-4937

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.

**INSURERS AFFORDING COVERAGE****NAIC #****INSURED**

ADP TotalSource FL XXIX, Inc.  
10200 Sunset Drive  
Miami, FL 33173  
ALTERNATE EMPLOYER  
Saturn Freight Systems Inc.  
410 Kimberly Drive  
Carol Stream, IL 60188

INSURER A: American International South Ins Co

40258

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/>	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> (Mandatory in NH) If Yes, describe under SPECIAL PROVISIONS below	WC 015079647 IL	07/01/09	07/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ \$2,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ \$2,000,000
						E.L. DISEASE - POLICY LIMIT	\$ \$2,000,000
		OTHER					

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

All worksite employees working for the above named client company, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. The above named client is an alternate employer under this policy.

**CERTIFICATE HOLDER**

SATURN FREIGHT SYSTEMS INC.  
410 KIMBERLY DRIVE  
CAROL STREAM, IL 60188

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**

*Aon Risk Services, Inc. of FL*

ACORD 25 (2009/01)

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The ACORD name and logo are registered marks of ACORD