



August 29, 2012

City Of Milwaukee-Operations Division
Zeidler Municipal Bldg
841 N Broadway, Room 501
Milwaukee, WI 53202

RE: Claim Number: STOC12050025
Policy Holder: Transinternational Systems, Inc.; O/Ops Of
Policy Number: OCGD2238343052
Date of Loss: 05/10/2012
Amount of Loss: \$8,283.78

Dear Sir or Madam:

North American Risk Services, Inc. represents Liberty Mutual Holding Company, Inc and Transinternational Systems, Inc. We have made payments to Transinternational Systems, Inc. bringing our total subrogation demand amount to \$8,283.78.

You have a right to dispute any or all of this debt. If you do not dispute this debt within 30 days of receiving this letter, North American Risk Services, Inc. will assume this debt is valid. You have a right to receive verification of the debt, copy of the repair estimate.

Please contact me as soon as possible as to how you plan to pay this debt without the necessity of legal action. Any information received by North American Risk Services, Inc. from you will be used by us in the collection of this debt.

If you are covered by insurance for this loss, notify your insurance carrier at once. Please complete the form attached concerning your insurance information. If you do not have insurance for this loss please contact me as soon as possible so that we may make arrangements to settle amicably.

Sincerely,

Lori Grabias
Subrogation Claims Adjuster
(800)315-6090 EXT.1283
(866)261-8507 - Fax
lgrabias@narisk.com

Attachment

2012 SEP 14 AM 10:48

CITY ATTORNEY

CITY ATTORNEY

2012 SEP 14 AM 10:33

CITY OF MILWAUKEE
CITY CLERK'S OFFICE
2012 SEP 14 AM 10:42

RECEIVED
CITY OF MILWAUKEE
2012 SEP 14 AM 10:42



Claim Number: **STOC12050025**

Insured: Transinternational Systems, Inc.; O/Ops Of

Your Insurance Company: _____

Company Address: _____

Phone Number: (____) _____

Your Insurance Agent: _____

Address: _____

Phone Number: (____) _____

Offices Nationwide

Mail – P.O. Box 166002 • Altamonte Springs, FL • 32716-6002 • Toll Free (800) 315-6090 • Fax (866) 261-8507

www.narisk.com

PK2011

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9GFBRTM		Document Override Number	
Agency Accident Number 121311031				Police Number					
4 - Accident Date 05/10/2012		5 - Time of Accident (Military Time) 1025		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		30 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location INTERSECTION			
14 - On Hwy No.		14 - On Street Name HOWARD AV W		14 - Bus/Fmt/Rmp		15 - Est. Dist		15 - Hwy. Dir	
16 - Fr/At Hwy No.		16 - From/At Street Name 5TH ST S			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event TREE				83 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way DIVIDED-HIGHWAY-MEDIAN-STRIP-WITH-TRAFFIC-BARRIER									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLEAR			
<input type="checkbox"/> Hit and Run		<input checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken			79 - E M S Number		

POLICE #
ACCIDENT # 121311031

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With TREE		23 - Dir Of Travel WEST		24 - Speed Limit 30		
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle				
28 - Driver's License Number E4305016425009		30 - State WI	31 - Expiration Year 2014	34 - On Duty Accident				
25 - Operator/Pedestrian Last Name ELLIOTT			25 - First Name KEITH		25 - Middle Initial A	25 - Suffix		
32 - Date Of Birth 07/10/1964		33 - Sex MALE						
26 - Address Street & Number 3163 43RD ST						26 - PO Box		
27 - City FRANKSVILLE		27 - State WI	27 - Zip Code 53126		28 - Telephone Number (262) 939-1297 EXT.			
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED				
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 0		
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
122 - Driver Factors NOT-APPLICABLE								
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT						
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN			

OPERATOR/PEDESTRIAN 01

PK2011

81 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number PVS4384	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1XP5DB9X04D811400
	50 - Year 2004	51 - Make PTRB	52 - Model 04	53 - Body Style DS	54 - Color TEA
	100 - Skidmarks to Impact (Ft)				
	94 - Vehicle Damage FRONT PASSENGER SIDE, MIDDLE PASSENGER SIDE, REAR PASSENGER SIDE				
	95 - Extent Of Damage MODERATE	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name ELLIOTT	46 - First Name KEITH	46 - Middle Initial A	46 - Suffix	Date Of Birth 07/10/1964
	46 - Company Name				
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Insurance

INS 01	63 - Liability Insurance Company NONE	60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name
	61 - Policy Holder Company	

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Property

Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
---------------------------------	-------------------------------	-----------------	---------------------	-------------

PROPERTY OWNER 01	84 - Company Name MILWAUKEE		Government Property Type COUNTY/MUNICIPAL	
	85 - Address Street & Number 200 E WELLS ST		85 - PO Box	
	86 - City MILWAUKEE	86 - State WI	86 - Zip Code 53233	87 - Telephone Number
	83 - Government Damage Tag Number 100			
	Fixed Objects Struck			
82 - Striking Unit 1	82 - Object Struck TRAFFIC-SIGNAL	82 - Striking Unit 1	82 - Object Struck TREE	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck	

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>diagram not drawn to scale</p>
	UNIT 1 TRAVELING WESTBOUND ON W. HOWARD AV IN THE FAR RIGHT LANE. A CITY TREE WAS DECAYING AND WAS LEANING OUT. UNIT 1 HIT THE TREE, BREAKING THE TREE. THE TREE FELL BREAKING A CITY TRAFFIC LIGHT. I OBSERVED THE TREE, IT WAS FULL OF ANTS AND WAS ROTTEN IN THE CENTER. THE TRUCK WAS 2 FEET FROM THE CURB.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name SVENSSON		125 - First Name STEVEN	125 - Middle Initial B	131 - Officer ID 11346
	129 - Law Enforcement Agency No. 61	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET				
	127 - City MILWAUKEE	127 - State WI	127 - Zip Code 53233	128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 05/10/2012	133 - Time Notified (Military Time) 1032	134 - Time Arrived (Military Time) 1036	135 - Date Of Report 05/10/2012	
	Agency Accident Number 121311031	Police Number	19 - Special Study		
	18 - Agency Space 4057				



Fax

FACSIMILE

Date: 10/15/2012

To:
From: North American Risk Services

Subject:

FAX

Fax: 4142868550
Date: 10/15/2012
From: Lori Grabias
Phone: 80031560901283
Fax: 8662618507
Re: Correspondence from North American Risk Services. Claim # STOC12050025

Correspondence Attached.

Do not respond to sending fax number.
Please refer to letter or cover sheet for correct fax number.



August 29, 2012

City Of Milwaukee – Milwaukee State’s Attorney Office
Attn: Steve Carini
Via Fax: (414) 286-8550

RE: **Claim Number:** *STOC12050025*
Policy Holder: Transinternational Systems, Inc.; O/Ops Of
Policy Number: OCGD2238343052
Date of Loss: 05/10/2012
Amount of Loss: **\$8,283.78**

Dear Mr. Carini:

As you know, North American Risk Services, Inc. represents Liberty Mutual Holding Company, Inc and Transinternational Systems, Inc. We have made payments on behalf of Transinternational Systems, Inc. bringing our total subrogation demand amount to \$8,283.78.

Mr. Keith Elliot & Whitetail Express Trucking is an owner/operator under the master policy holder, Transinternational Systems. I have attached the policy dec page and the equipment/unit info.

Also attached please find our subrogation supports.

Please contact me with any questions.

Sincerely,

Lori Grabias
Subrogation Claims Adjuster
(800)315-6090 EXT.1283
(866)261-8507 - Fax
lgrabias@narisk.com

Attachment

Attachment(s):

1. Payment ledger
2. Dmg est & photos
3. EMAIL RECEIVED 7/17/12
4. drivers report
5. Coverage - Owner/Operator Elliot



Payments for Claim STOC12050025

Reserve: 1

Exclude Expenses

Reserve: 1 - WHITETAIL EXPRESS TRUCKING LLC UNK UNK (COLL)

Status	Post Date	Check Date	Cleared Date	Check Nbr	Posting Amt	Name	Service Dates
Indemnity CC PRINT	05/30/2012	05/30/2012		86754778	7,283.78	WHITETAIL EXPRESS TRUCKING LLC & JX FINANCIAL INC.	
Indemnity Payment/s Total:					<u>\$7,283.78</u>		
Payment/s Total:					<u>\$7,283.78</u>		

Elite Adjusting & Appraising Services, Inc

P.O. Box 68367

Seahamburg, IL, 60168

Tel: 630-894-9100 Fax: 630-893-9119

dean@eliteadj.com

Estimate

Estimate Prepared by: Dean Tuzil

Appraised for:

Accident Date: 5/10/2012

Date of Loss: 5/10/2012

Arrival Date: 5/14/2012

Type of Loss: Collision

Policy Number: OCGD2238343052

Claim Number: STOC12050025

Date: 5/23/2012

Estimate#: 12-04627-DT

Insured:

Company: Transinternational Systems, Inc

Address: 130 E. Wilson Bridge Rd., Suite 303

City, State, Zip Code: Worthington, OH 43085

Telephone, Fax: 614-508-0500

Owner:

Company: Transinternational Systems, Inc

Address: 130 E. Wilson Bridge Rd., Suite 303

City, State, Zip Code: Worthington, OH 43085

Telephone, Fax: 614-508-0500

Body Shop:

Company: JK Peterbilt

Contact: Ken

Address: 820 Silvermail Rd.

City, State, Zip Code: Pewaukee, WI 53072

Telephone, Fax: 262-547-0001, 262-547-6647

Year	Make	Model	Color	Trim
2004	PETERBILT	379 & UNIBILT CAB	Blue	Sleeper
Unit Number	License Plate #	Mileage	Serial#/VIN#	
	PVS4384	1,009,540	1XP5DB9X04D811400	

Sup	Seq	Labor Type	Labor Op	Description	Part Type	Part Number	Dollar Amount	Labor Units
	1	Body	Rem/Rep	Cleaner Assy, Air R Geiger 800-874-3443	LKQ		\$720.00	.7*
	2	Body	Rem/Rep	Mirror Assy R Geiger 800-874-3443	LKQ		\$420.00	.7*
	3	Body	Rem/Ins	Sleeper interior and cab interior	Exist			16.0*

Sup	Seq	Labor Type	Labor Op	Description	Part Type	Part Number	Dollar Amount	Labor Units
	4	Body	Rem/Rep	Roof shell Larson Group 417-413-8042	LKQ		\$900.00	18.0#*
	5	Body	Repair	Roof air deflector	Exist			3.0*
	6	Body	Repair	Cab corner R rear	Exist			2.0*
	7	Body	Repair	Sleeper right front corner	Exist			2.0*
	8	Body	Rem/Rep	Tab Extender R upper Geiger 800-874-3443	LKQ		\$180.00	1.0*
	9	Body	Rem/Rep	Muffler, Vertical R Rife 574-946-6149	Aftermarket New		\$116.57	2.0*
	10	Body	Rem/Rep	Tailpipe R	Aftermarket New		\$180.00	.5#*
	11	Body	Rem/Rep	Step battery box right	New		\$254.82	1.5*
	12	Ref	Ref	Roof, right cab extender, right cab side panel, right sleeper front corner	Exist			10.0*
	13	Ref	Ref	Paint	Sublet		\$400.00	*
	14	Body	Rem/Rep	Crating & Shipping	Sublet		\$500.00	*
	15	Body	Rem/Rep	Misc shop material rivets, adhesivs, nuts bolts	Sublet		\$250.00	*

* - Judgement Item
- Labor Note Applies

Labor

Body	47.4	Hrs @	\$76.00	\$3,602.40
Refinish	10.0	Hrs @	\$76.00	\$760.00
Labor Total				<u>\$4,362.40</u>

Parts

Parts Subtotal	\$3,921.39
Less Adjustments	
Parts Total	<u>\$3,921.39</u>

Additional Costs and Operations

Addl. Costs/Ops Total	\$0.00
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Tax

Totals

Sub Total:	<u>\$8,283.79</u>
Customer Resp.	<u>\$0.00</u>
Net Total	<u><u>\$8,283.79</u></u>

2004 PETERBILT 379 & UNIBILT CAB

Sup	Seq	Labor Type	Labor Op	Description	Part Type	Part Number	Dollar Amount	Labor Units
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THIS IS NOT AN AUTHORIZATION TO REPAIR. THIS IS AN APPRAISAL OF DAMAGE ONLY.

Please be advised that no appraiser or adjuster has the authority to authorize any repair. Authorization to repair any vehicle and payment of the repair or guarantee of payment can only be made by the vehicle owner. Elite Adjusting & Appraising Services, Inc. specifies and intends that all repairs be made in accordance with the manufacturer specifications. Elite Adjusting & Appraising Services, Inc. and \ or their client \ principle and \ or insurance company accept no responsibility for the quality and \ or safety of any repair to any vehicle.

Approval of supplemental repairs are subject to reinspection of the vehicle prior to the repair of same along with clear copies of all parts and sublet repair invoices which reveal the actual repair facility cost. No supplemental request will be considered without sufficient notice of additional damage prior to the repair \ replacement of any items not included in the initial appraisal of damage.

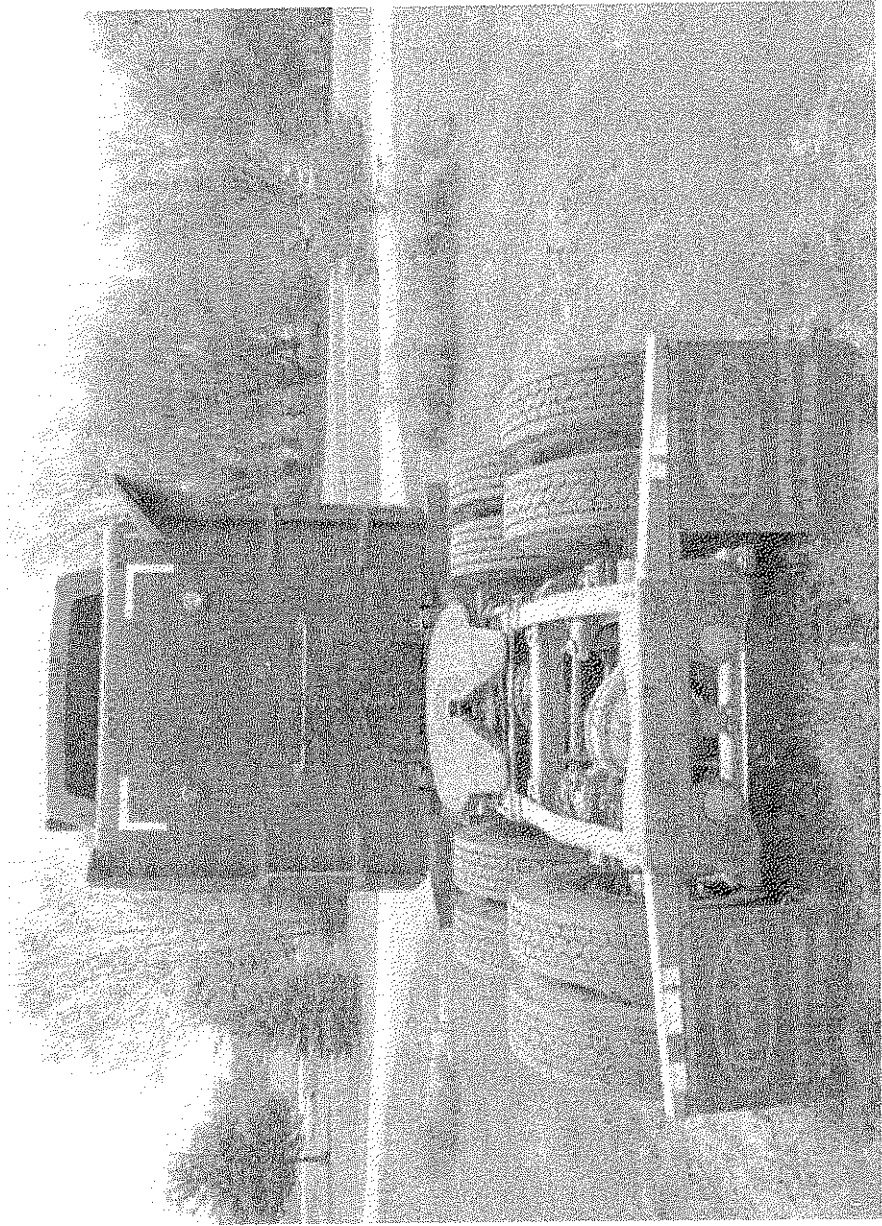
AGREED BY: _____ DATE: _____ \$ _____

This appraisal has been prepared based on the use of parts supplied by sources other than the manufacturer of your motor vehicle. Warrantys applicable to these parts are supplied by the manufacturer of these parts rather than the manufacturer of your vehicle.

TruckEst does not automatically include items required by many business repair partners. This application allows the author to manually enter line items such as overlap deductions.

2004 PETERBILT 379 & UNIBILT CAB









To:

From: North American Risk Services

10-13-12 2:13pm p. 11 of 27



To:

From: North American Risk Services

10-13-12 2:13pm p. 13 of 33



To:

From: North American Risk Services

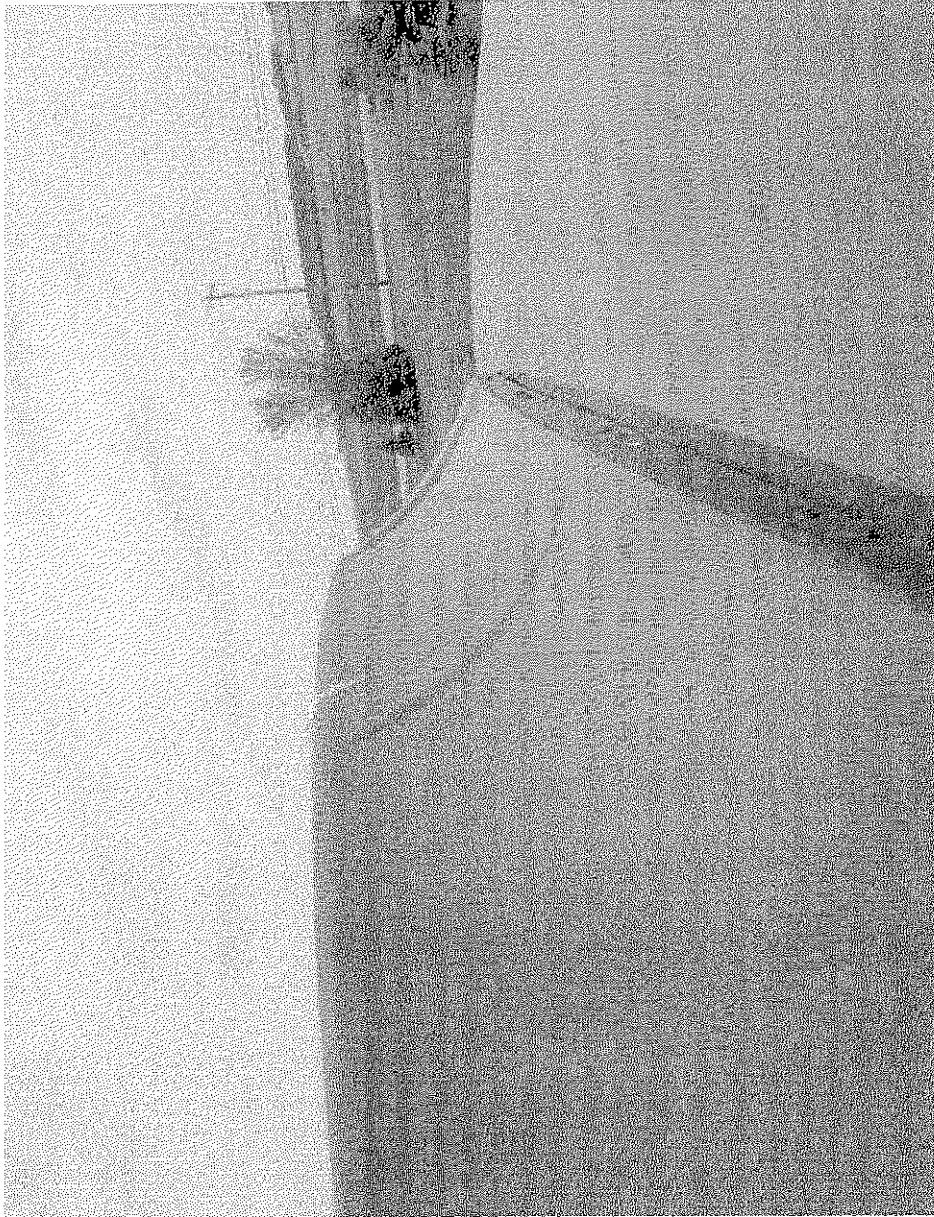
10-15-12 2:13pm p. 14 of 24



To:

From: North American Risk Services

10-15-12 2:13pm p. 15 of 24

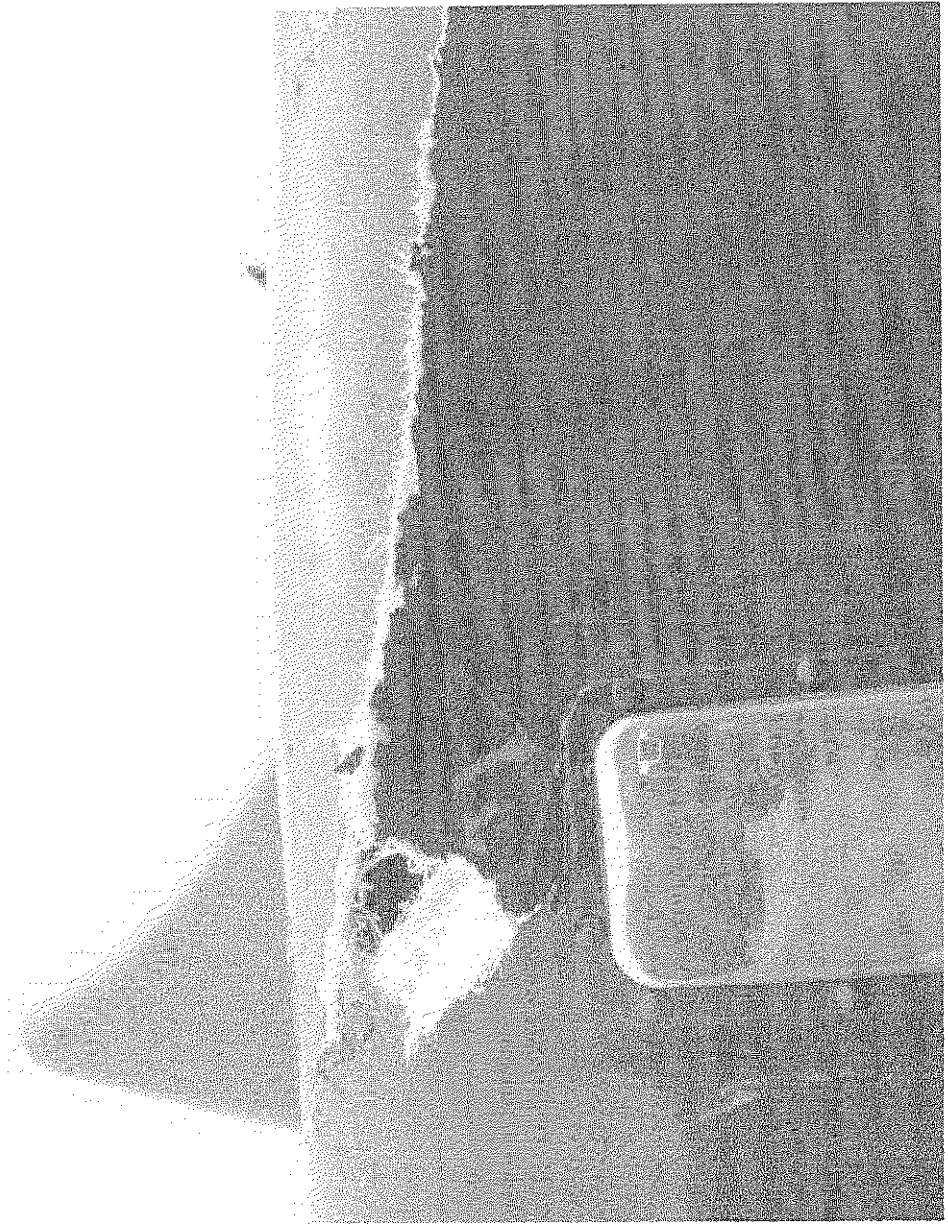


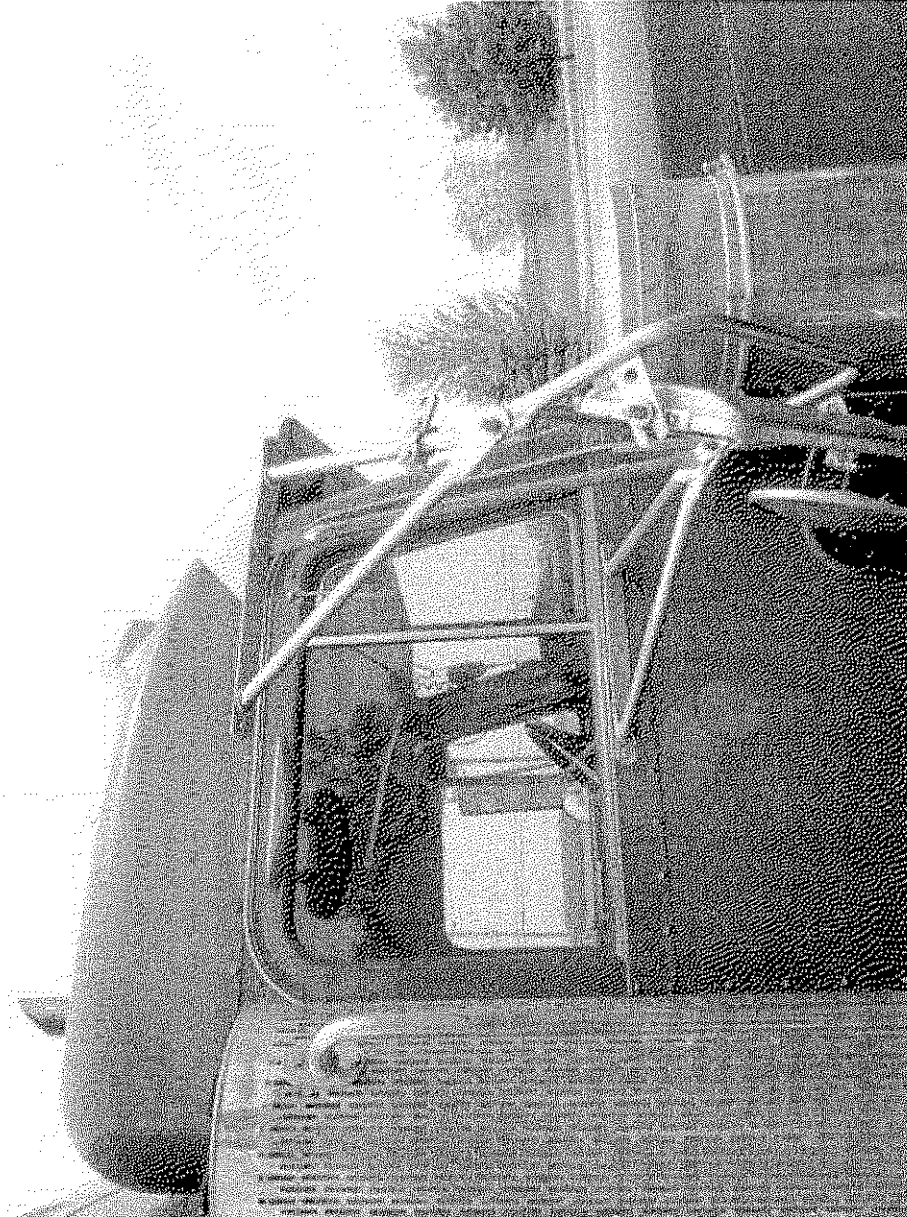
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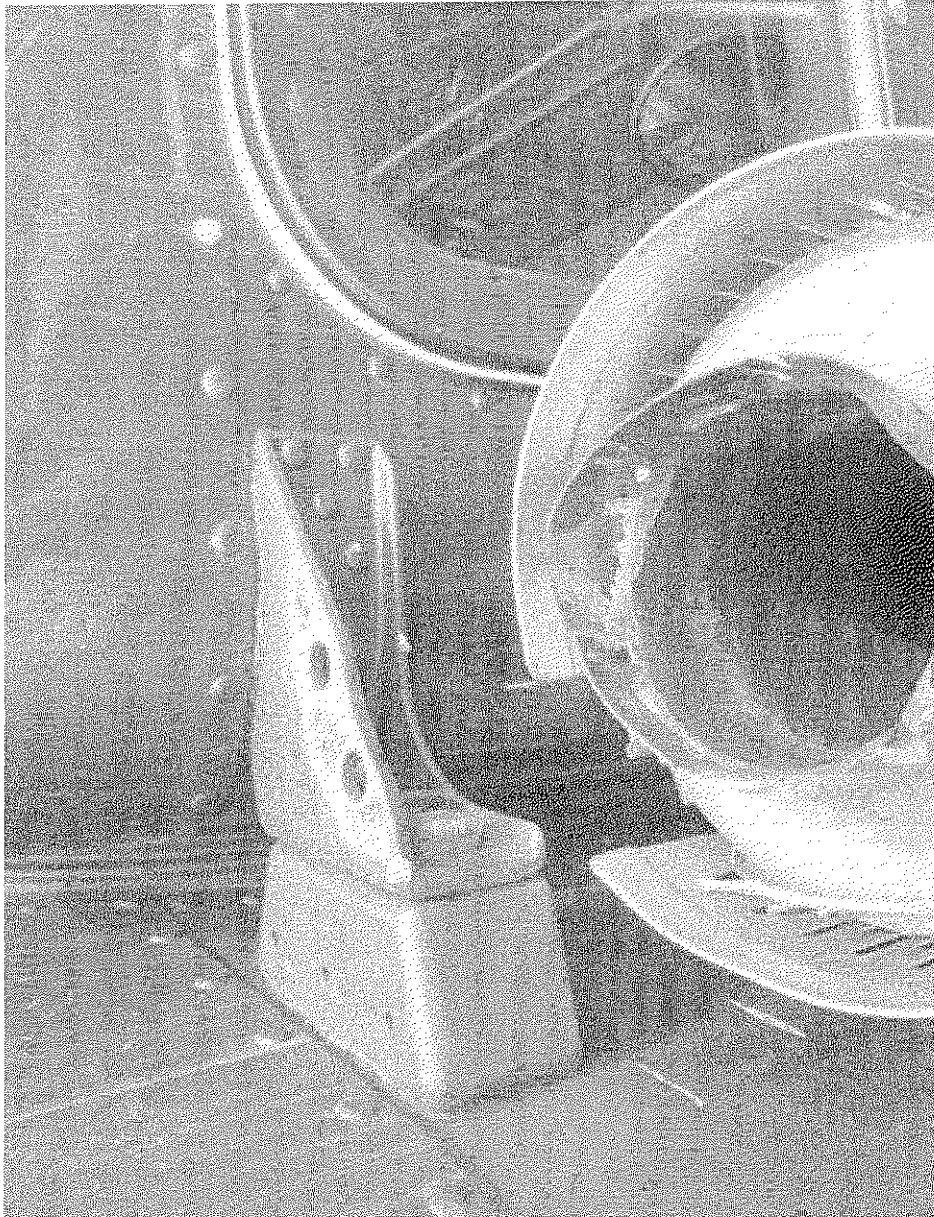
10-15-12 2:13pm p. 16 of 34

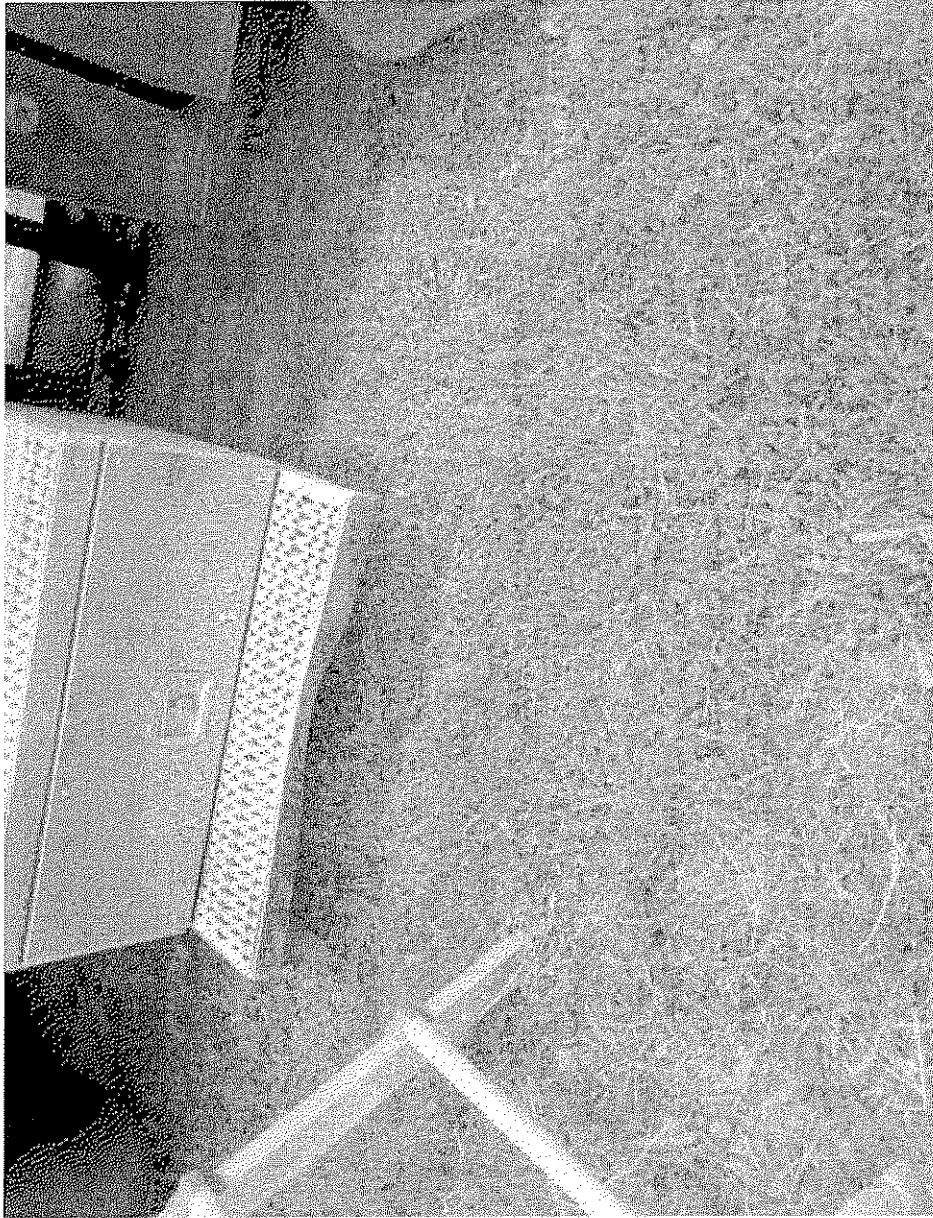


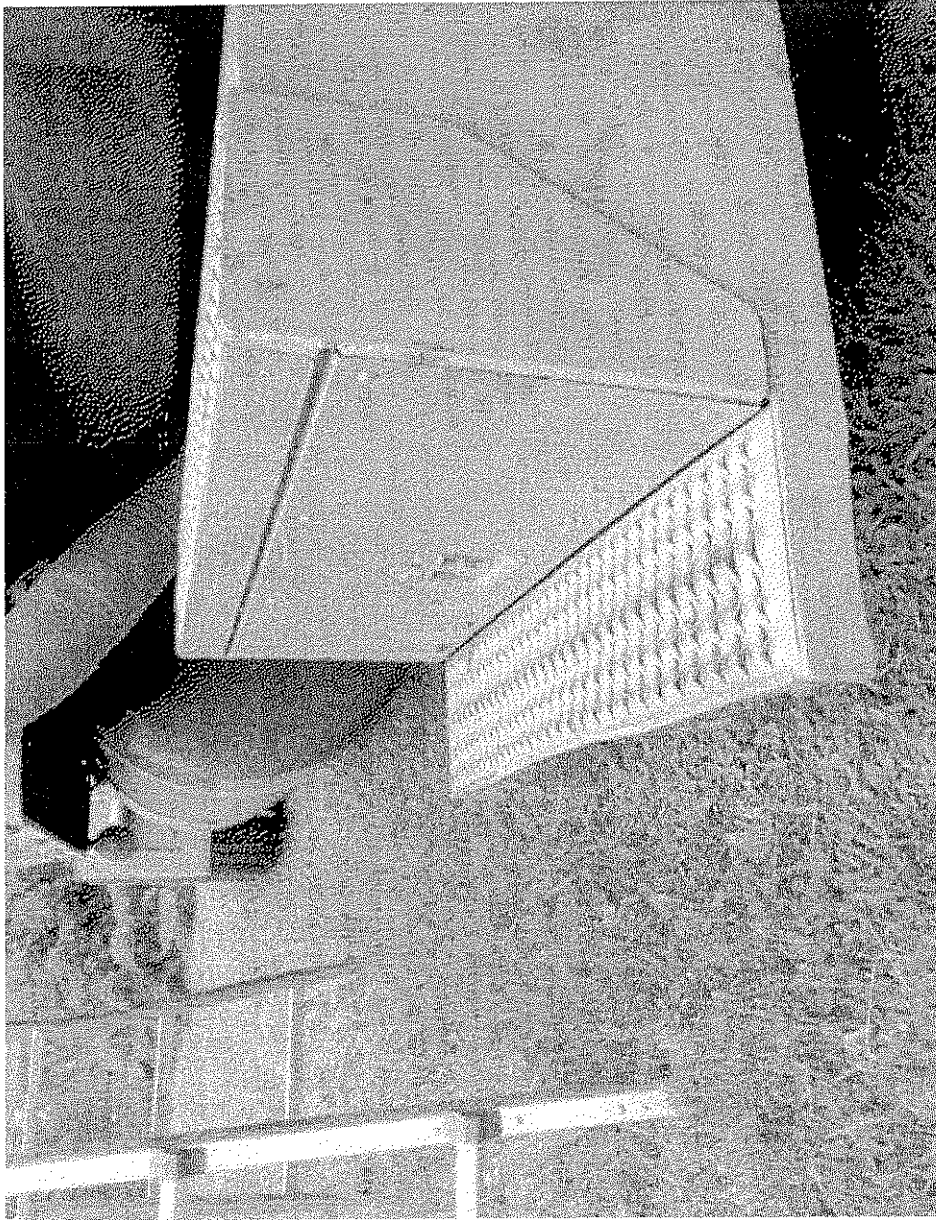












Wisconsin Motor Vehicle 9GFBRTM

Accident Report MV4000e 01/2005

PK2011

POLICE #
ACCIDENT # 121311031

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9GFBRTM		Document Override Number		
Agency Accident Number 121311031					Police Number					
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OPERATOR/PEDESTRIAN 01

Wisconsin Motor Vehicle **9GFBRTM**

Accident Report MV4000e 01/2005

PK2011

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	School District Contracted With			

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Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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Wisconsin Motor Vehicle 9GFBRTM

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DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p style="text-align: center;">diagram not drawn to scale</p>
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Officer Information

OFFICER INFORMATION	125 - Officer Last Name SVENSSON		125 - First Name STEVEN		125 - Middle Initial B		131 - Officer ID 11346		
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	Agency Accident Number 121311031		Police Number			19 - Special Study			
	18 - Agency Space 4057								



ACCIDENT REPORT

Milwaukee, WI

CITY - VILLAGE - TOWNSHIP

STATE

~~XXXXXXXXXX~~
HOWARD AVE.

HOWARD AVE. and 5th ST

ROUTE # OR STREET NAME

INTERSECTION WITH

Thursday

5/10/2012

11:15 10:45AM

DAY-OF-WEEK

DATE

TIME

IF PRIVATE PROPERTY - LOCATION

Man# 802514 PRO# 501061.2

TRANSINTERNATIONAL UNIT

VEHICLE #2

Kath A. Elliott

DRIVER'S NAME

DRIVER'S NAME

3163 43RD Street

ADDRESS

ADDRESS

Franksville WI 53126

CITY

STATE

ZIP

CITY

STATE

ZIP

E480-5016-4250-09 WI

CDL#

STATE

SOCIAL SECURITY #

D.O.B.

7/10/64

SOCIAL SECURITY #

D.O.B.

DRIVER'S LICENSE #

STATE

222801

TRUCKER #

TEAR IN R/S OF SLEEPER. HOLE IN ROOF. R/S WING DAMAGED
RIGHT SIDE MIRROR R/S EXHAUST TORN OFF R/S STEP DENTED

DAMAGE

ADDRESS

UMX1885971

CONTAINER #

CITY

STATE

ZIP

DAMAGE

TYPE OF VEHICLE

NSP2 136360

CHASSIS #

TYPE OF DAMAGE

DAMAGE

LICENSE PLATE #

STATE

WITNESSES/INJURED PARTIES

NAME WITNESS INJURED VEHICLE #

ADDRESS

TELEPHONE #

NAME WITNESS INJURED VEHICLE #

ADDRESS

TELEPHONE #

VEHICLE #3			VEHICLE #4		
DRIVER'S NAME			DRIVER'S NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
DRIVER'S LICENSE #		STATE	DRIVER'S LICENSE #		STATE
SOCIAL SECURITY #		D.O.B.	SOCIAL SECURITY #		D.O.B.
OWNER'S NAME			OWNER'S NAME		
ADDRESS			ADDRESS		
TYPE OF VEHICLE			TYPE OF VEHICLE		
TYPE OF DAMAGE			TYPE OF DAMAGE		
LICENSE PLATE #		STATE	LICENSE PLATE #		STATE
TYPE OF ACCIDENT			WEATHER/ROAD CONDITIONS		
RIGHT TURN	<input type="checkbox"/>		DRY	<input checked="" type="checkbox"/>	
LEFT TURN	<input type="checkbox"/>		WET	<input type="checkbox"/>	
BACKING	<input type="checkbox"/>		SNOW	<input type="checkbox"/>	
SIDE SWIPE	<input type="checkbox"/>		SLEET	<input type="checkbox"/>	
REAR END	<input type="checkbox"/>		ICY	<input type="checkbox"/>	
HEAD-ON	<input type="checkbox"/>		FOG	<input type="checkbox"/>	
PASSING	<input type="checkbox"/>				
OTHER	<input checked="" type="checkbox"/>		POLICE AGENCY: MILWAUKEE POLICE DEPT.		
			OFFICER'S NAME: PO STEVE SUENSSON		
			BADGE#:		

DRIVER'S STATEMENT

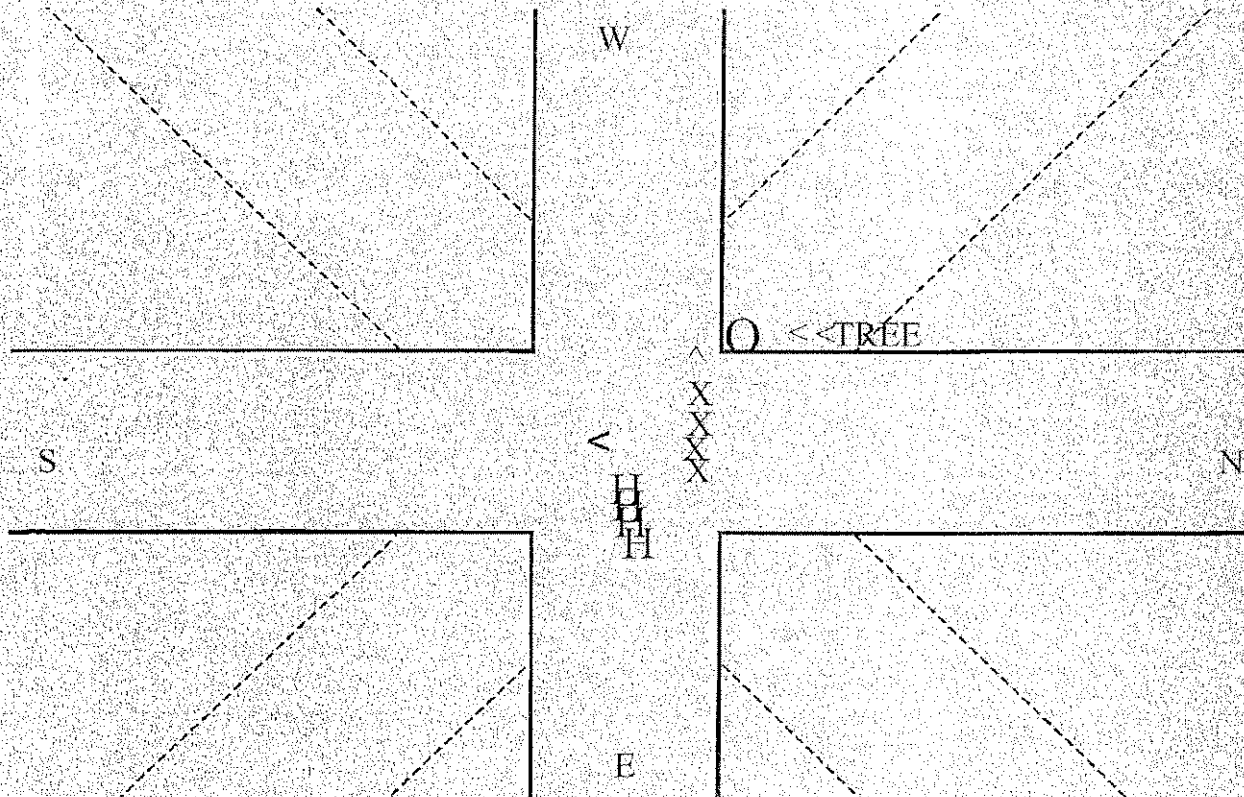
WHILE TRAVELING WEST BOUND ON HOWARD AVE., I NOTICED A TRUCK WAS MAKING A LEFT TURN AHEAD OF ME SO I MOVED TO RIGHT LANE TO GET BY. AS I WENT BY THE TURNING TRUCK THE TOP RIGHT CORNER OF MY CONTAINER STRUCK A BRANCH OF A TREE HANGING OVER THE ROAD. THIS IN TURN CAUSED PART OF THE TREE TO BREAK AWAY CAUSING A LARGE BRANCH TO SWING FORWARD AND BREAK OFF THE RIGHT SIDE EXHAUST PIPE, THE RIGHT SIDE MIRROR, THE TOP OF THE RIGHT SIDE WING, RIP A HOLE IN UPPER RIGHT SIDE OF SLEEPER, PUNCTURE A HOLE IN ROOF OF SLEEPER AND ALSO DENTED RIGHT SIDE STEP. A MILWAUKEE POLICE OFFICER ARRIVED MINUTES LATER. HE SAID IT APPEARED THAT I DID NOTHING WRONG AND THAT THE BRANCH SHOULD HAVE BEEN TRIMMED BEFORE AS THIS STREET IS A TRUCK ROUTE AS WELL AS A DETOUR BECAUSE OF CONSTRUCTION ON I-94. THE OFFICER GAVE ME AN ACCIDENT REPORT NUMBER SAID IT WOULD BE AVAILABLE IN ABOUT A WEEK. THE ACCIDENT REPORT NUMBER IS 121311031 AND CAN BE ACCESSED AT WWW.MILWAUKEE.GOV/ACCIDENTREPORTS

Keith Elliott

MAY 11, 2012

DRIVER'S SIGNATURE

DATE



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**COMMERCIAL LINES
POLICY**



**Liberty
Agency Underwriters**

Member of Liberty Mutual Group

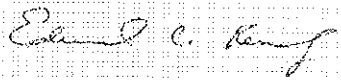
**THE OHIO SECURITY INSURANCE
COMPANY**

THIS POLICY CONSISTS OF:
- DECLARATIONS -
COMMON POLICY
CONDITIONS - COVERAGE
FORMS - APPLICABLE
ENDORSEMENTS

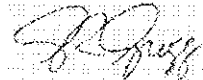
BAS (12) 53759589 34-5738

ATTACH DECLARATIONS, POLICY AND ENDORSEMENTS (IF ANY) HERE

THE OHIO SECURITY INSURANCE COMPANY In Witness Whereof, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.



Secretary



President & Chief Executive Officer

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COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

Coverage is provided in:
OHIO SECURITY INSURANCE CO
9450 Seward Road
Fairfield, Ohio 45014

POLICY NUMBER: OCG- D2238-343052

OCG- D2238-343052

Renewal of Number

ITEM ONE

NAMED INSURED AND MAILING ADDRESS

Transinternational Systems, Inc.;
O/OPS OF
130 E. Wilson Bridge Rd.
Suite 150
Worthington OH 43085

PRODUCER

W.F. Roemer Ins. Inc.
3912 Sunforest Court

Toledo OH 43623

PRODUCER CODE: 0906038

POLICY PERIOD: From: 09/01/2011 To: 09/01/2012

12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: Corporation BUSINESS DESCRIPTION: Trucking

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 STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM
(<input type="checkbox"/>) COMMERCIAL INLAND MARINE	\$
(<input checked="" type="checkbox"/>) COMMERCIAL AUTO	\$ 66,788.00
(<input type="checkbox"/>) FEES, TAXES, SURCHARGES LISTED BELOW	\$
TOTAL POLICY PREMIUM	\$ 66,788.00

() Subject to Audit

The premiums shown on the Common Policy Declarations reflect the total premium for the policy period stated above.

DC 01 00 (04/10)

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**COMMERCIAL LINES POLICY
COMMON POLICY DECLARATIONS**

ENDORSEMENTS ATTACHED TO THIS POLICY:

CA 0012	03 06	TRUCKERS COVERAGE FORM
CA 2384	01 06	EXCLUSION OF TERRORISM
CA 2385	01 06	EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM
CA 7005	04 10	THEFT ENDORSEMENT - PHYSICAL DAMAGE
CA 7007	04 01	STATED LIMIT OF LIABILITY - PHYSICAL DAMAGE
DC 0100	04 10	COMMON POLICY DECLARATION
DC 0102	04 01	TRUCKERS COVERAGE FORM DECLARATIONS - ITEM TWO
DC 0103	04 01	TRUCKERS COVERAGE FORM DECLARATIONS - ITEM THREE THRU SEVEN
IL 0017	11 98	COVERAGE POLICY CONDITIONS
IL 0021	07 02	NUCLEAR ENERGY LIAB. EXCLUSION ENDORSEMENT
IL 0244	11 05	OHIO CHANGES - CANCELLATION & NON RENEWAL
NP 7444	09 06	OFAC ADVISORY NOTICE TO POLICYHOLDERS
OS JACKET	08 08	POLICY JACKET
PA 0209	09 02	OHIO CHANGES - CANCELLATION & NON RENEWAL
SPM 1010	06 07	MOTOR CARRIER DEDUCTIBLE BUYBACK ENDORSEMENT
SPM 2424	07 06	TRUCKERS SUPPLEMENTAL COV ENDORSEMENT
TR 0205	04 10	LIMITS OF INSURANCE AMENDMENT - CATASTROPHE
TR 0252	04 10	MONTHLY REPORTING - PHYSICAL DAMAGE (1/END OF MTH)

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Countersigned 09/07/2011
(Date)

By 
(Authorized Representative)

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COMMERCIAL AUTO COVERAGE PART TRUCKERS COVERAGE FORM DECLARATIONS

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS* (Entry of one or more of the symbols from the COVERED AUTOS section of the Truckers Coverage Form shows which autos are covered autos)	LIMIT		ANNUAL PREMIUM
		THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		
LIABILITY		\$	MINUS \$ DEDT.	
PERSONAL INJURY PROTECTION (or equivalent No Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT \$ MINUS \$ DEDT.		
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT \$ MINUS \$ DEDT.		
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DEDT. FOR EACH ACCIDENT		
MEDICAL PAYMENTS		\$		
UNINSURED MOTORISTS		\$		
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$		
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ DEDT. FOR EACH COVERED AUTO		
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ DEDT. FOR EACH COVERED AUTO		
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ DEDT. FOR EACH COVERED AUTO		
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	46	ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ 1,000 DEDT. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING		INCLUDED
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ DEDT. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING		
PHYSICAL DAMAGE COLLISION COVERAGE	46	ACTUAL CASH VALUE OR COST OF REPAIRS, WHICHEVER IS LESS MINUS \$ 1,000 DEDT. FOR EACH COVERED AUTO		\$ 66,788
		PREMIUM FOR ENDORSEMENTS		
		ESTIMATED TOTAL PREMIUM		\$ 66,788

*Refer to reverse side for description of the above covered auto symbols.

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: SEE MASTER FORMS LIST

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**COMMERCIAL AUTO COVERAGE PART
 TRUCKERS DECLARATIONS (Cont'd)**

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION

TERRITORY

Covered Auto No.	Year Model, Trade Name, Body Type, VIN	ACV or Stated Amount	Town & State Where the Covered Auto Will Be Principally Garaged
	Per Schedule on File with Insurance Company		

CLASSIFICATION

Covered Auto No.	Radius of Operation (in Miles)	Business Use S = Service R = Retail C = Commercial	Size GVW or GCW	Primary Rating Factor	Primary Rating Factor	Secondary Rating Factor	Class Code	All physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
				Liability	Phy. Dam			

COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROP. PROT. (Mich. only)		AUTO MED PAY	
	Limit	Premium	Limit stated in each P.I.P. End. Minus deductible shown below	Premium	Limit stated in each Added P.I.P. End. Premium	Limit stated in P.P.I. end. Minus deductible shown below	Premium	Limit	Premium
Total Premium									

COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	UM/UIM MOTORISTS		COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION	
	Limit	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium
Total Premium								