

**PRODUCER**

McGriff, Seibels & Williams of Oregon  
 1800 SW First Avenue, Suite 400  
 Portland, OR 97201  
 Phone: (503) 943-6621

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 A ACE American Insurance Co.

Company B Indemnity Ins. Co. of N. America

Company C Great American Insurance Company of NY

Company D

Company E

**INSURED**

Con-way Inc., Con-way Freight Inc., Con-way Truckload LLC,  
 Con-way Truckload Services Inc., Con-way Freight-Canada Inc.,  
 Con-way Enterprise Services Inc., Menlo Logistics, Inc., Menlo  
 Worldwide Government Services LLC, Road Systems, Inc.  
 P.O. Box 4150  
 Portland, OR 97208-4150

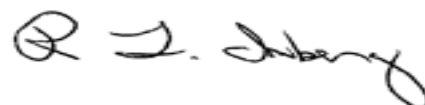
This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> <input type="checkbox"/> General Aggregate Limit applies per: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location	HDOG23734734	10/01/2007 10/01/2008	EACH OCCURRENCE	\$ 1,000,000
				FIRE DAMAGE	\$ 1,000,000
				MEDICAL EXPENSE	\$ 15,000
				PERS. AND ADVERTISING INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 1,000,000
				PRODUCTS AND COMP. OPER. AGG.	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input type="checkbox"/>	ISA H08236707 LMT H08238388 ISA H08239009 LMT H08236665	10/01/2007 10/01/2008	COMBINED SINGLE LIMIT	\$ 1,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
				COMPREHENSIVE COLLISION	
A B	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WLRC44478468 (CA) SCFC44478420 (WI) WLRC4447850A (O/S)	10/01/2007 10/01/2008	WC Statutory Limit <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
				EL EACH ACCIDENT	\$ 1,000,000
				EL DISEASE (Each employee)	\$ 1,000,000
				EL DISEASE (Policy Limit)	\$ 1,000,000
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			EACH OCCURRENCE	\$
				AGGREGATE	\$
C	<b>CARGO</b>	OMC8221612	10/01/2007 10/01/2008	Limit Per Occurrence	\$ 1,000,000
					\$
					\$
					\$
					\$

**CERTIFICATE HOLDER**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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



EVIDENCE OF INSURANCE  
 CON-WAY INC. AND SUBSIDIARIES  
 N/A  
 N/A .