

CERTIFICATE OF INSURANCE

DATE: February 28, 2011

BROKER  Dalton Timmis Group
INSURANCE

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

DALTON TIMMIS INSURANCE GROUP
35 Stonechurch Rd., Ancaster, ON L9K 1S5
P.O. Box 2019, Hamilton, ON L9N 3S4
Phone (905-648-3922) Fax (905-648-2640)

COMPANIES AFFORDING COVERAGE

COMPANY A Sovereign General Ins. Company

COMPANY B

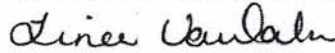
COMPANY C

Insured: Outer Limits Transportation Inc.
1535 Snyder's Road E.
P.O. Box 152
Petersburg, ON N0B 2H0

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.

CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS CANADIAN FUNDS
A	GENERAL LIABILITY Commercial General Liability <input type="checkbox"/> Claims made basis <input checked="" type="checkbox"/> Occurrence basis <input checked="" type="checkbox"/> Tenant's legal liability <input checked="" type="checkbox"/> Non-owned auto	BGC062	March 2, 2011	March 2, 2012	Each occurrence \$2,000,000 General aggregate \$2,000,000 Products-comp/op agg \$ Personal injury \$ Tenant's legal liability \$100,000 Med Expense any one person \$ Non-Owned \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Leased Automobiles <input type="checkbox"/> Non-owned Automobile	TCA9801748	March 2, 2011	March 2, 2012	Bodily injury & property damage combined \$2,000,000 Bodily injury (per person) \$ Bodily injury (per accident) \$ Property Damage \$
A	OTHER: Motor Truck Cargo Board Form All Perils – Heavy Comm./Trailers Light Commercial Veh.s OPCF 21B – Blanket Fleet End. OPCF 27b – Non Owned Trailers	BGC062 TCA9801748	March 2, 2011 March 2, 2011	March 2, 2012 March 2, 2012	\$200,000 Limit, \$10,000 Ded. \$10,000 Deductible \$2,500 Deductible \$40,000 Limit, \$2,500 Ded.

ADDITIONAL INSURED: N/A	DESCRIPTION OF OPERATIONS/AUTOMOBILES/SPECIAL ITEMS Common Carrier
CERTIFICATE HOLDER Outer Limits Transportation Inc. 1535 Snyder's Rd. E. P.O. Box 152 Petersburg, ON N0B 2H0	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 15 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. DALTON TIMMIS INSURANCE GROUP, INC  PER: Tina Van Dalen, Authorized Representative



1535 Snyder Road East
 P.O. Box 152
 Petersburg, ON NOB 2H0
 Tel: (519) 804-6887
 Fax: (519) 634-8908

"Proud of this load cause it's yours!"

Name and Mailing Address / Nom et adresse postale

OUTER LIMITS TRANSPORTATION INC.
 40 WINDRUSH TRAIL
 KITCHENER ON N2P 2A8

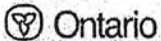
The CVOR Certificate or a true copy must be surrendered on demand of a police officer. Not to do so is an offence.

Le certificat d'immatriculation UVU ou une copie conforme de celui-ci doit être présenté à l'agent de police qui en fait la demande. Quiconque ne respecte pas cette directive commet une infraction.



00437252

Detach here / Détachez ici



Province of Ontario

Province de l'Ontario

Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route

Commercial Vehicle Operator's Registration Certificate
Certificat d'immatriculation d'utilisateur de véhicule utilitaire

Commercial Vehicle Operator's
 Registration No. 166-793-462
 N° d'immatriculation d'utilisateur
 de véhicule utilitaire

Name / Nom
 OUTER LIMITS TRANSPORTATION INC.

COPY-COPIE

Office / Bureau	Issue Date / Date de délivrance			Minister of Transportation Ministre des Transports
	Y/A	M	D/J	
062-7	10	03	05	

SR-LH-123 06-02

This certificate or a true copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For replacement, correction or information change, complete and submit a new CVOR application form to: Ministry of Transportation, Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor, St. Catharines, On L2R 7R4.

Ce certificat ou une copie conforme doit se trouver dans chaque véhicule utilitaire exploité sous couvert de l'immatriculation d'utilisateur de véhicule utilitaire.

Pour faire remplacement votre certificat ou pour y apporter des corrections, complétez et envoyez un nouveau formulaire de demande d'immatriculation d'utilisateur de véhicule utilitaire au : Ministère des Transports, Bureau des sanctions et des enquêtes concernant les transporteurs, 301, rue St. Paul, 3^e étage, St. Catharines (Ontario) L2R 7R4.

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Thanks Brad



1535 Snyder Road East
 P.O. Box 152
 Petersburg, Ontario N0B 2H0
 Tel: (519)804-6887
 Fax: (519)634-8908
 www.outerlimitstrans.com

"Proud of this load cause its yours!"

CREDIT APPLICATION

General Information:

Company Name: _____
 Legal Name: _____
 Address: _____
 City: _____ Prov/State: _____ Postal: _____
 Telephone: _____ Fax: _____
 Accounts Payable Contact: _____
 Email address for Payables: _____
 FORM OF BUSINESS: Sole Proprietor : _____ Partnership _____ Corp: _____
 HST NO.: _____ Years in Business: _____

Ownership Information:

Principal Owners Name: _____ Title: _____
 Partner/Officers Name: _____ Title: _____

Bank Information:

Name of Bank: _____
 Address: _____ Contact: _____
 Account #: _____ Phone # _____
 Fax #: _____

Trade References

Company: _____
 Address: _____
 City: _____ Prov/State: _____ Postal Code: _____
 Telephone: _____ Fax: _____

Company: _____
 Address: _____
 City: _____ Prov/State: _____ Postal Code: _____
 Telephone: _____ Fax: _____

Company: _____
 Address: _____
 City: _____ Prov/State: _____ Postal Code: _____
 Telephone: _____ Fax: _____

We acknowledge that credit terms granted by Outer Limits Transportation, are net 30 days with applicable finance charge of 2% per month on outstanding balances over 30 days. Applicant agrees to pay all collection fees, including court costs and attorney fees on a solicitor and his own client basis should this account be placed in collection at any time for any reason. No oral agreement will be accepted. The undersigned certifies the above information to be true, correct and that they are in agreement of our terms. The undersigned hereby authorized Outer Limits Transportation to obtain and exchange credit and financial information to assist in their decision to approve and maintain this application for credit.

Authorized Signature _____ Title _____ Date _____

Please fax completed application to 519-634-8908 Attention: Credit Manager