

LAW OFFICES
KENNETH ADLER & ASSOCIATES
ONE HUNTINGTON QUADRANGLE
SUITE 2C13
MELVILLE, NEW YORK 11747-4409
516 - 293-9780

KENNETH ADLER
ALAN COPERTINO
and
ASSOCIATES

Telecopier
516 - 293-9594

April 7, 1998

CERTIFIED MAIL
RRR #2 265 965 145

Pennsylvania Public Utility
Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

Attn: Gale Travitz

RE: Grocery Haulers, Inc.
A-0014689 07001
OUR FILE NO: 5309

Dear Ms. Travitz:

Thank you for your March 31, 1998 conditional operating authority letter.

In accordance therewith we are herein providing the following:

As to Items "(c)" and "(d)"

I am herein enclosing true copy of certificate of authority from Pennsylvania Department of State Corporation Bureau, for "Grocery Haulers, Inc." Entity #2800511 filed on February 17, 1998 and approved March 6, 1998.

As to Item (e)

The officers and stockholders of Grocery Haulers, Inc. are as follows:

Mark Jacobson - 50% stockholder - President
C/O Grocery Haulers, Inc.
286 Homestead Avenue
Middlesex County, Avenel, NJ 07001

Sam Jacobson - 50% stockholder - President
C/O Grocery Haulers, Inc.
286 Homestead Avenue
Middlesex County, Avenel, NJ 07001

A-114689

DOCKETED
APPLICATION DOCKET
APR 14 1998
ENTRY No. _____

Informed copy of arrival of documents

DOCUMENT
FOLDER

KENNETH ADLER & ASSOCIATES

Pennsylvania Public Utility Commission
Attn: Gale Travitz
April 6, 1998
page 2

As to (a) and (b)

The company will be forwarding insurance of bodily injury and property damage insurance under separate cover along with evidence of cargo liability insurance or cargo waiver.

Thank you.

Very truly yours,



KENNETH ADLER

KA/ps

cc: Grocery Haulers, Inc.
Attn: Leesa Clark
Attn: Tom Brennan

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU
ROOM 308 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722

20

GROCERY HAULERS INC

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT.
PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE
COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS
TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA. IF YOU HAVE ANY
QUESTIONS PERTAINING TO THE CORPORATION BUREAU, CALL (717) 787-1057.

ENTITY NUMBER: 2800511

MICROFILM NUMBER: 09818

0510-0511

GROCERY HAULERS INC
91 RODEO DR
EDGEWOOD NY 11717

Microfilm Number _____

Filed with the Department of State on _____

Entity Number 2800511

[Signature]
Secretary of the Commonwealth *[Initials]*

APPLICATION FOR CERTIFICATE OF AUTHORITY
DSCB:15-4124/8124 (Rev 90)

Indicate type of corporation (check one):

Foreign Business Corporation (15 Pa.C.S. § 4124)

Foreign Nonprofit Corporation (15 Pa.C.S. § 6124)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) the undersigned association hereby states that:

1. The name of the corporation is: Grocery Haulers Inc.

2. The name which the corporation adopts for use in this Commonwealth is (complete only when the corporation must adopt a corporate designator for use in Pennsylvania):

3. (If the name set forth in paragraph 1 or 2 is not available for use in this Commonwealth, complete the following):

The fictitious name which the corporation adopts for use in transacting business in this Commonwealth is:

The corporation shall do business in Pennsylvania only under such fictitious name pursuant to the attached resolution of the board of directors under the applicable provisions of 15 Pa.C.S. (relating to corporations and unincorporated associations) and the attached form DSCB:54-311 (Application for Registration of Fictitious Name).

4. The name of the jurisdiction under the laws of which the corporation is incorporated is:

New York

5. The address of its principal office under the laws of the jurisdiction in which it is incorporated is:

136 Homestead Ave. Avenel NJ 07001
Number and Street City State Zip

6. The (a) address of this corporation's proposed registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) _____
Number and Street City State Zip County

(b) c/o: CT CORP SYSTEM PHILADELPHIA
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

PA DEPT. OF STATE PA DEPT. OF STATE
FEB 17 1998 MAR - 6 1998

7. (Check one of the following):

(Business corporation): The corporation is a corporation incorporated for a purpose or purposes involving pecuniary profit, incidental or otherwise.

(Nonprofit corporation): The corporation is a corporation incorporated for a purpose or purposes not involving pecuniary profit, incidental or otherwise.

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Application for a Certificate of Authority to be signed by a duly authorized officer thereof this _____ day of _____, 19 _____.

Grocery Howlers, Inc
(Name of Corporation)

BY: [Signature]
(Signature)

TITLE: President

GROCERY HAULERS INC
286 HOMESTEAD AVENUE- AVENEL NJ 07001- 732-499-3810

April 23, 1998

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265

Attn.: Gail Travitz

RE: Grocery Haulers, Inc.
~~A-0014689 07001~~

A-114689

Dear Mrs. Travitz:

Enclosed are copies of proof of both liability and cargo insurance as per your request in your letter. If these forms are not satisfactory please call me at 732-499-3810. I'm sorry for the delay, but I had to wait for Liberty Mutual to forward the proof to me. Thank-you for all your help.

Very truly yours

Leesa M. Clark
Leesa M Clark

Bill says ⁵⁻⁸⁻⁹⁸ Mrs. okay
Agie is behind on
order entry.
Male

Have form E+H on file

DOCKETED
APPLICATION DOCKET
MAY 11 1998
ENTRY No. get

DOCUMENT
FOLDER

CERTIFICATE OF PROPERTY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY(IES) LISTED BELOW.

THIS IS TO CERTIFY THAT

Grocery Haulers, Inc.
D/B/A Paul's Trucking Company, L.L.C.
286 Homestead Avenue
Avenel, New Jersey 07001

NAME AND
ADDRESS
OF INSURED



IS, AT THE DATE OF THIS CERTIFICATE, INSURED BY THE LIBERTY MUTUAL INSURANCE GROUP AT THE LOCATIONS SPECIFIED UNDER THE POLICY(IES) LISTED BELOW. THE INSURANCE AFFORDED BY THE LISTED POLICY(IES) IS SUBJECT TO ALL THEIR TERMS, EXCLUSIONS AND CONDITIONS AND IS NOT ALTERED BY ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE USED.

POLICY NUMBER: YP7-K2P-057326-177 EXP. DATE OF POLICY 8/24/98

TYPE OF POLICY	CAUSE OF LOSS FORMS/INSURED
<input checked="" type="checkbox"/> Commercial Property	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input checked="" type="checkbox"/> Special <input type="checkbox"/> Earthquake <input type="checkbox"/> _____
<input type="checkbox"/> Business Owners	<input type="checkbox"/> Standard <input type="checkbox"/> Special <input type="checkbox"/> Earthquake
<input checked="" type="checkbox"/> Inland Marine	<input type="checkbox"/> Specified Perils Per Form <input checked="" type="checkbox"/> (ALL) Risks Subject to Policy Form <input type="checkbox"/> _____
<input type="checkbox"/> Premier Property	<input type="checkbox"/> Causes of Loss Per Policy Form <input type="checkbox"/> Earth Movement/Earthquake <input type="checkbox"/> Flood
<input type="checkbox"/> Commercial Business Property	<input type="checkbox"/> Causes of Loss Per Policy Form <input type="checkbox"/> Earth Movement/Earthquake <input type="checkbox"/> Flood
<input type="checkbox"/> Electronic Data Processing	<input type="checkbox"/> Causes/Risks of Loss Per Policy Form <input type="checkbox"/> Includes Breakdown
<input type="checkbox"/> Boiler and Machinery	<input type="checkbox"/> Causes of Loss Per Policy Form
<input type="checkbox"/> _____	<input type="checkbox"/> _____

INSURED LOCATION(S) OR SPECIFIC SUBJECT OF COVERAGE

DESCRIPTION OF INSURED PROPERTY	COINS/ CONTRIB. %	INSURED PROPERTY
<input type="checkbox"/> Building(s)/Real Property <input type="checkbox"/> _____		\$6,375,000
<input checked="" type="checkbox"/> Personal Property of the Insured <input type="checkbox"/> _____		
<input type="checkbox"/> Personal Property of Others <input type="checkbox"/> _____		
<input type="checkbox"/> Boiler and Machinery Object Definition No: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
<input checked="" type="checkbox"/> Inland Marine - Property in Transit		\$1,000,000

MORTGAGEE(S)/LOSS PAYEE(S) NAME(S) AND ADDRESS(ES)
Additional Insureds & Loss Payee as their interest may appear: Pathmark Stores, Inc, 301 Blair Road, Woodbridge, N.J.
Please note that a \$5,000 deductible applies for both coverages.

SPECIAL NOTICE- OHIO: 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.
NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST XX DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

PATHMARK STORES, INC.
301 BLAIR ROAD
WOODBIDGE, N.J.

Liberty Mutual Group
Frank Iulio
FRANK IULIO
AUTHORIZED REPRESENTATIVE
LYNBROOK 220 (718) 995-2000
OFFICE PHONE NUMBER

10/2/97
DATE ISSUED

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

This is to Certify that

Grocery Haulers, Inc.
D/B/A Pauls Trucking Company, L.L.C.
286 Homestead Avenue
Avenel, New Jersey 07001

← Name and address of Insured.



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP. DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY	
			COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES:	EMPLOYERS LIABILITY
WORKERS COMPENSATION				Bodily Injury By Accident Each Accident Bodily Injury By Disease Policy Limit Bodily Injury By Disease Each Person
GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	8/24/97 TO 8/24/98 RETRO DATE <input type="text"/>	TB7-12L-057326-257	General Aggregate - Other than Products/Completed Operations 2,000,000	
			Products/Completed Operations Aggregate 1,000,000	
			Bodily Injury and Property Damage Liability 1,000,000 Per Occurrence	
			Personal and Advertising Injury 1,000,000 Per Person/Organization	
			Other	Other
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED	8/24/97 TO 8/24/98	AS1-121-057326-167	\$1,000,000	Each Accident - Single Limit B.I. and P.D. Combined
				Each Person
				Each Accident or Occurrence
				Each Accident or Occurrence
OTHER				

ADDITIONAL COMMENTS

ALL OWNED & LEASED VEHICLES

ADDITIONAL INSURED/LOSS PAYEE: JILCO TRAILER RENTAL INC. AS INTERESTS MAY APPEAR

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

SPECIAL NOTICE-OHIO: 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.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS

NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

JILCO EQUIPMENT LEASING CO, INC.
377 HALF ACRE ROAD
PO BOX 455
CRANBERRY, NEW JERSEY 08512

CERTIFICATE HOLDER

Frank Iulo

FRANK IULO

AUTHORIZED REPRESENTATIVE

LYNBROOK 220

(718) 995-2000

2/19/98

OFFICE

PHONE NUMBER

DATE ISSUED

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/3/97

PRODUCER
L.W.C. Agency Inc.
100 Charles Lindbergh Boulevard
Uniondale, NY 11553-3631
516-222-1444

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 Federal Insurance Company
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
Automation Transportation Corporation
Grocery Haulers Inc. D/B/A Paul's Trucking Company, L.L.C.
91 Rodeo Drive
Edgewood, NY 11717

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.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	-79671504	8/24/97	8/24/98	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Effective 10/1/97, Certificate Holder included as Additional Insured

CERTIFICATE HOLDER
Pathmark Stores, Inc.
301 Blair Road
Woodbridge, NJ 07095-0915

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/3/97

PRODUCER
L.W.C. Agency Inc.
100 Charles Lindbergh Boulevard
Uniondale, NY 11553-3631
516-222-1444

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 National Surety Corporation
- COMPANY
B
- COMPANY
C
- COMPANY
D

INSURED
Automation Transportation Corporation
Grocery Haulers Inc. D/B/A Paul's Trucking Company, L.L.C.
91 Rodeo Drive
Edgewood, NY 11717

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	XOM00083153296	8/24/97	8/24/98	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Effective 10/1/97, Certificate Holder included as Additional Insured \$25,000,000 Excess of \$25,000,000 (Federal Insurance Company)

Pathmark Stores, Inc.
301 Blair Road
Woodbridge, NJ 07095-0915

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/3/97

PRODUCER
L.W.C. Agency Inc.
100 Charles Lindbergh Boulevard
Uniondale, NY 11553-3631
516-222-1444

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COMPANIES AFFORDING COVERAGE

COMPANY
A National Surety Corporation

INSURED
Automation Transportation Corporation
Grocery Haulers Inc. D/B/A Paul's Trucking Company, L.L.C.
91 Rodeo Drive
Edgewood, NY 11717

COMPANY
B

COMPANY
C

COMPANY
D


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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMPOF AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	XOM00074399411	8/24/97	8/24/98	EACH OCCURRENCE \$ 50,000,000 AGGRBGATE \$ 50,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Effective 10/1/97, Certificate Holder included as Additional Insured
 Follow Form Excess of \$25,000,000 Excess of \$25,000,000 (\$50,000,000 is shared equally - 50% participation with Travelers Indemnity Company of IL)

Pathmark Stores, Inc.
301 Blair Road
Woodbridge, NJ 07095-0915

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


ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/3/97

PRODUCER
L.W.C. Agency Inc.
100 Charles Lindbergh Boulevard
Uniondale, NY 11553-3631
516-222-1444

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COMPANIES AFFORDING COVERAGE

- COMPANY A Travelers Indemnity Company of IL
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
Automation Transportation Corporation
Grocery Haulers Inc. D/B/A Paul's Trucking Company, L.L.C.
91 Rodeo Drive
Edgewood, NY 11717

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	7FSJ-EX271T529-6-97	8/24/97	8/24/98	EACH OCCURRENCE \$ 50,000,000 AGGREGATE \$ 50,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Effective 10/1/97, Certificate Holder included as Additional Insured Follow Form Excess of \$25,000,000 Excess of \$25,000,000 (\$50,000,000 is shared equally - 50% participation with National Surety Corporation)

Pathmark Stores, Inc.
301 Blair Road
Woodbridge, NJ 07095-0915

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

[Signature]