



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID #:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A :		
	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.

INSR LTR	ADDL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <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"/>				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		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 (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		CARGO PER VEHICLE DED \$				LIMIT PER VEHICLE	\$
		TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$				LIMIT PER TRAILER	\$
		<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
		<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

☐ The Truckers Uniform Intermodal Interchange Endorsement (Form UIIE-1 or CA 23-17 equivalent) is part of the auto policy(ies). The attached list of providers are additional insureds in regards to the auto liability. Those providers with (*) are additional insureds on the general liability and those with (**) are additional insureds on trailer interchange coverage.

CERTIFICATE HOLDER

CANCELLATION

President
The Intermodal Association of North America
11785 Beltsville Drive
Suite 1100
Calverton, MD 20705-4048

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Equipment Provider List

CHECK ALL APPROPRIATE BOXES

Form 5C

6/26/2012

- | | |
|---|---|
| <input type="checkbox"/> ACL/Grimaldi Group/Inarme (*) | <input type="checkbox"/> Kansas City Southern Railway (KCS) - (*) (Effective July 19, 2012) |
| <input type="checkbox"/> APL Co. Pte Ltd/Eagle Marine Services (EMS)(*)(**) | <input type="checkbox"/> Maersk Agency U.S.A. (dba Maersk Line/Maersk Domestic) (*) |
| <input type="checkbox"/> Bermuda Container Line, Limited (*) | <input type="checkbox"/> Matson Navigation Company (*) (**) |
| <input type="checkbox"/> Burlington Northern Santa Fe (BNSF) (*) | <input type="checkbox"/> Mediterranean Shipping Co. SA (*) (**) |
| <input type="checkbox"/> Canadian National/Illinois Central Railroad (*) | <input type="checkbox"/> MOL (America), Inc. (Mitsui) |
| <input type="checkbox"/> Canadian Pacific Railway-US (SOO Line and D&H) (*) | <input type="checkbox"/> Nippon Yusen Kaisha (NYK Line North America) (*) (**) |
| <input type="checkbox"/> China Shipping Container Line (*) (**) | <input type="checkbox"/> Nordana Line (*) (**) |
| <input type="checkbox"/> CMA-CGM (America) LLC | <input type="checkbox"/> Norfolk Southern Corporation (*) |
| <input type="checkbox"/> CNS Equipment, Inc. (*) (**) (Effective June 9, 2012) | <input type="checkbox"/> OOCL (USA), Inc. (*) (**) |
| <input type="checkbox"/> Compania Chilena De Navegacion Interocanica S.A. (C.C.N.I.) | <input type="checkbox"/> P O Shipping Co. Ltd. |
| <input type="checkbox"/> Compania Sud-Americana De Vapores
c/o ATG (CSAV/Libra Uruguay/NorAsia/Libra) (**) | <input type="checkbox"/> Pacer Int'l., Inc. (Pacer Stacktrain) (*) (**) |
| <input type="checkbox"/> COSCO North America, Inc./COSCO Container Lines Co., Ltd./COSCO
Container Lines Americas, Inc./China Ocean Shipping Company America, Inc. | <input type="checkbox"/> Pacific International Lines (Private) Limited |
| <input type="checkbox"/> Consolidated Chassis Management LLC (*) (**) (Effective July 5, 2012) | <input type="checkbox"/> Safmarine Container Line, N.V. (*) |
| <input type="checkbox"/> CSX Intermodal Terminals, Inc. (*) (**) | <input type="checkbox"/> Schuyler Line Navigation Company (Effective July 30, 2012) |
| <input type="checkbox"/> Eimskip USA, Inc. | <input type="checkbox"/> Sea Star Lines, LLC (*) (**) |
| <input type="checkbox"/> Evergreen Shipping Agency (America) Corporation | <input type="checkbox"/> Somers Isles Shipping Ltd. (*) |
| <input type="checkbox"/> Express System Intermodal, Inc. (*) (**) | <input type="checkbox"/> Swire Shipping (formerly Indotrans, Inc. & Indotrans Pacific) |
| <input type="checkbox"/> Galborg Pte Ltd (trading as GAL) (*) (**) | <input type="checkbox"/> TransAtlantic Lines LLC (*) |
| <input type="checkbox"/> Hamburg Sud North America, Inc. (*)
(formerly HSAC Logistics, Inc.) | <input type="checkbox"/> Turkon Container Transportation & Shipping, Inc. |
| <input type="checkbox"/> Hanjin Shipping Co., Ltd. (*) (**) | <input type="checkbox"/> Union Pacific Railroad Co. (**) |
| <input type="checkbox"/> Hapag-Lloyd (America) Inc. (*) (**) | <input type="checkbox"/> United Arab Shipping Company, c/o United Arab Agencies (*) |
| <input type="checkbox"/> Horizon Lines of Alaska, LLC (formerly CSX Lines of Alaska, LLC) (*) | <input type="checkbox"/> US Lines LLC (formerly ANL-USL) |
| <input type="checkbox"/> Horizon Lines, LLC (formerly CSX Lines, LLC) (*) | <input type="checkbox"/> USA Truck, Inc. (*) |
| <input type="checkbox"/> Hyundai Merchant Marine, Inc. (America) (**) | <input type="checkbox"/> Virginia International Terminals, Inc. (Virginia Inland Ports) (*) (**) |
| <input type="checkbox"/> Iowa Interstate Railroad Ltd. | <input type="checkbox"/> Wan Hai Lines, Ltd. (*) |
| <input type="checkbox"/> K-Line America, Inc. (Kawasaki Kisen Kaisha, Ltd.) (*) | <input type="checkbox"/> Yangming Marine Transport c/o Yang Ming (America) Corporation (*) (**) |
| | <input type="checkbox"/> Zim American Integrated Shipping Service Co Ltd/
Zim Integrated Shipping Services Ltd. (*) (**) |

Note: All the above providers require to be named additional insured on the Auto Liability. In addition to naming the companies indicated above additional insured on Auto Liability:

- (*) The companies above indicated with a single asterisk require that you make them additional insured on your General Liability Policy.
- (**) The companies above indicated with a double asterisk require that you make them additional insured on your Cargo and/or Trailer Interchange Coverages.

Please complete this form and fax to your insurance provider.

MOTOR CARRIER/INSUREDS COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

MOTOR CARRIERS EMAIL ADDRESS: _____

INS. AGENT OR INS. CO. SIGNATURE: X _____ DATE: _____

INS. AGENT OR INS. CO. EMAIL ADDRESS: _____

This form must be signed by the insurance agent & sent to the UIIA Office with a copy of the certificate stating the following: The attached list of providers are named additional insured on Auto. Those companies marked with (*) are additional insured on General and those marked with (**) are additional insured on Trailer Interchange..

REMINDER: SECTION F.6. OF THE UIIA REQUIRES THIRTY (30) DAYS NOTICE OF ANY CANCELLATION OF THE INSURANCE POLICIES BE PROVIDED TO IANA, UNLESS CANCELLATION IS A RESULT OF NON-PAYMENT OF PREMIUM IN WHICH CASE TEN (10) DAYS

ADVANCE NOTICE IS REQUIRED. *Note: This form not available for use in Texas.