



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):		
INSURED	E-MAIL ADDRESS:			
	PRODUCER CUSTOMER ID #:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	BEST RATING
	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 INSR	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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						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
09/15/2017

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> ACL/Grimaldi Group/Inarme (*) (**) <input type="checkbox"/> ANL Singapore Co. Pte. Ltd. (formerly: US Lines LLC)(effective: 1/1/17) <input type="checkbox"/> APL Co. Pte Ltd/Eagle Marine Services (EMS)(*)(**) <input type="checkbox"/> Bermuda Container Line, Limited (*) <input type="checkbox"/> BNSF Railway Company (*) <input type="checkbox"/> Bridge Chassis Supply LLC & Affiliates (Kawasaki Kisen Kaisha Ltd., "K" Line America, Inc., "K" Line New York, Inc. and Multimodal Engineering Corporation) (*) (**) <input type="checkbox"/> Canadian National/Illinois Central Railroad (*) <input type="checkbox"/> Canadian Pacific Railway-US (SOO Line and D&H) (*) <input type="checkbox"/> CMA-CGM (America) LLC <input type="checkbox"/> COFC Logistics LLC <input type="checkbox"/> Consolidated Chassis Management LLC (*) (**) <input type="checkbox"/> COSCO Shipping Lines Co., Ltd./COSCO Shipping Lines (North America), Inc./COSCO Shipping Lines (Europe) Ltd. <input type="checkbox"/> CSX Intermodal Terminals, Inc. (*) (**) <input type="checkbox"/> Eimskip USA, Inc. <input type="checkbox"/> Evergreen Shipping Agency (America) Corporation (*) (**) <input type="checkbox"/> Great Ocean Shipping Line, Inc. (*) (**) <input type="checkbox"/> Hamburg Sud North America, Inc. (*)
(formerly HSAC Logistics, Inc.) <input type="checkbox"/> Hapag-Lloyd (America) Inc. (*) (**) <input type="checkbox"/> Hyundai Merchant Marine, Inc. (America) (**) <input type="checkbox"/> Iowa Interstate Railroad Ltd. <input type="checkbox"/> K-Line America, Inc. (Kawasaki Kisen Kaisha, Ltd.) (*) (**) <input type="checkbox"/> Kansas City Southern Railway (KCS) - (*) <input type="checkbox"/> MACS Maritime Carrier Shipping LLC (formerly: Galborg Pte) (*) (**) <input type="checkbox"/> Maersk Line U.S.A. as agent for Maersk Line A/S dba Maersk
Line/Safmarine/Maersk Domestic/Sealand(*) <input type="checkbox"/> Matson Navigation Company (*) (**) <input type="checkbox"/> Matson Navigation Company of Alaska LLC (*) | <ul style="list-style-type: none"> <input type="checkbox"/> Mediterranean Shipping Co. SA (*) (**) <input type="checkbox"/> MOL (America), Inc. (Mitsui) <input type="checkbox"/> National Shipping of America, LLC, c/o National Shipping Agencies (*) <input type="checkbox"/> NileDutch America B.V.) <input type="checkbox"/> Nippon Yusen Kaisha (NYK Line North America) (*) (**) <input type="checkbox"/> Norfolk Southern Corporation (*) <input type="checkbox"/> North American Chassis Pool Cooperative LLC (*) (**) <input type="checkbox"/> Odyssey FoodTrans LLC (*) (**) <input type="checkbox"/> OOCL (USA), Inc as agent for Orient Overseas Container Line Limited.
& OOCL (Europe) Limited (*) (**) <input type="checkbox"/> Pacific International Lines (Private) Limited <input type="checkbox"/> Pasha Hawaii Holdings LLC (*) (**) <input type="checkbox"/> Sarjak Container Lines Pvt. Ltd. <input type="checkbox"/> Schuyler Line Navigation Company LLC <input type="checkbox"/> Seaboard Marine Ltd. (*) (**) <input type="checkbox"/> SM Lines Corporation (*) (**) <input type="checkbox"/> Somers Isles Shipping Ltd. (*) <input type="checkbox"/> Swire Shipping (formerly Indotrans, Inc. & Indotrans Pacific) <input type="checkbox"/> Tiger Cool Express LLC (*) <input type="checkbox"/> Tote Maritime Puerto Rico LLC (formerly Sea Star Lines, LLC) (*) (**) <input type="checkbox"/> Turkon Container Transportation & Shipping, Inc. <input type="checkbox"/> Union Pacific Railroad Co. (**) <input type="checkbox"/> United Arab Shipping Company, c/o United Arab Agencies (*) <input type="checkbox"/> Virginia International Terminals, Inc.(Virginia Inland Ports)(*) (**) <input type="checkbox"/> Wan Hai Lines, Ltd. (*) <input type="checkbox"/> XPO Stacktrain, LLC (*) (**) <input type="checkbox"/> Yangming Marine Transport c/o Yang Ming (America) Corporation (*) (**) <input type="checkbox"/> Zim American Integrated Shipping Service Co LLC (*) (**) |
|---|--|

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.

The MC should complete this form and fax it to their insurance agent or you can complete this form on-line when you login to your UIIA account at: www.uiia.org and click on "Update EP List".

MOTOR CARRIERS 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 submitted on-line by the insurance agent.

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 is not available for use in Texas.