



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

AGENCY	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.		
	INSURERS AFFORDING COVERAGE	NAIC #	BEST RATING
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	ADD'L INSRD	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				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	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 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	\$
		OTHER					

DESCRIPTION OF OPERATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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 President The Intermodal Association of North America 11785 Beltsville Drive Suite 1100 Calverton, MD 20705-4048	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
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Equipment Provider List
CHECK ALL APPROPRIATE BOXES

06/09/09

- | | |
|--|---|
| <input checked="" type="checkbox"/> ANL-USL | <input checked="" type="checkbox"/> Maersk Line (*) |
| <input checked="" type="checkbox"/> APL Co. Pte Ltd/Eagle Marine Services (EMS)(*)(**) | <input checked="" type="checkbox"/> Maruba SCA (*) |
| <input checked="" type="checkbox"/> Atlantic Container Lines /Grimaldi Compagnia di Navigazione SPA(*) | <input checked="" type="checkbox"/> Matsen Navigation Company (*) (**) |
| <input checked="" type="checkbox"/> Atlanticargo/Star Shipping) | <input checked="" type="checkbox"/> Mediterranean Shipping Co. SA (*) (**) |
| <input checked="" type="checkbox"/> Bermuda Container Line, Limited (*) | <input type="checkbox"/> Milestone Equipment Corporation (*) (**) |
| <input checked="" type="checkbox"/> Burlington Northern Santa Fe (BNSF) (*) | <input checked="" type="checkbox"/> MOL (America), Inc. (Mitsui) |
| <input checked="" type="checkbox"/> Canadian National/Illinois Central Railroad (*) | <input checked="" type="checkbox"/> Nippon Yusen Kaisha (NYK Line North America) (*) (**) |
| <input checked="" type="checkbox"/> Canadian Pacific Railway-US (SOO Line and D&H) (*) | <input type="checkbox"/> Nordana Line (*) (**) |
| <input checked="" type="checkbox"/> China Shipping Container Line | <input checked="" type="checkbox"/> Norfolk Southern Corporation (*) |
| <input checked="" type="checkbox"/> CMA-CGM America | <input checked="" type="checkbox"/> OOCL (USA), Inc. (*) (**) |
| <input checked="" type="checkbox"/> Compania Chilena De Navegacion Interoceanica S.A. (C.C.N.I.) (*) | <input checked="" type="checkbox"/> Pacer Int'l, Inc. (Pacer Stacktrain) (*) (**) |
| <input checked="" type="checkbox"/> Compania Sud-Americana De Vapores
c/o ATG (CSAV/Libra Uruguay/NorAsia/Libra) (**) | <input checked="" type="checkbox"/> Pacific International Lines (Private) Limited (Effective 04/08/07) |
| <input checked="" type="checkbox"/> COSCO North America, Inc./COSCO Container Lines Co., Ltd./COSCO
Container Lines Americas, Inc./China Ocean Shipping Company America, Inc. | <input checked="" type="checkbox"/> Safmarine Container Line, N.V. (*) |
| <input checked="" type="checkbox"/> CSX Intermodal (*) | <input checked="" type="checkbox"/> Sea Star Lines, LLC (*) (**) |
| <input checked="" type="checkbox"/> Eirnskip USA, Inc. | <input type="checkbox"/> Somers Isles Shipping Ltd. (*) |
| <input checked="" type="checkbox"/> Evergreen Shipping Agency (America) Corporation | <input type="checkbox"/> Swire Shipping (formerly Indotrans, Inc. & Indotrans Pacific) |
| <input checked="" type="checkbox"/> Galborg Pte Ltd (trading as GAL) (*) (**) | <input checked="" type="checkbox"/> TIP Intermodal Services (*) (**) |
| <input checked="" type="checkbox"/> Hamburg Sud North America, Inc. (*)
(formerly HSAC Logistics, Inc.) | <input checked="" type="checkbox"/> TransAtlantic Lines LLC (*) (effective 7/1/07) |
| <input checked="" type="checkbox"/> Hanjin Shipping Co., Ltd. (*) (**) | <input checked="" type="checkbox"/> Turkon Container Transportation & Shipping, Inc. |
| <input checked="" type="checkbox"/> Hapag-Lloyd (America) Inc. (*) (**) | <input checked="" type="checkbox"/> Union Pacific Railroad Co. (**) |
| <input checked="" type="checkbox"/> Horizon Lines, LLC (formerly CSX Lines, LLC) (*) | <input checked="" type="checkbox"/> United Arab Shipping Company, c/o United Arab Agencies (*) |
| <input checked="" type="checkbox"/> Horizon Lines of Alaska, LLC (formerly CSX Lines of Alaska, LLC) (*) | <input type="checkbox"/> Virginia International Terminals, Inc.(Virginia Inland Ports)(*) (**) |
| <input checked="" type="checkbox"/> Hyundai Merchant Marine, Inc. (America) (**) | <input checked="" type="checkbox"/> Wan Hai Lines, Ltd. (*) |
| <input type="checkbox"/> Iowa Interstate Railroad Ltd. | <input checked="" type="checkbox"/> Yangming Marine Transport c/o Yang Ming (America) Corporation (*) (**) |
| <input checked="" type="checkbox"/> K-Line America, Inc. (Kawasaki Kisen Kaisha, Ltd.) (*) | <input type="checkbox"/> Zim American Integrated Shipping Service Co Ltd/
Zim Integrated Shipping Services Ltd. (*) (**) |

Note: 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. Be sure to complete the information below to ensure that your insurance provider can distinguish you from other insureds.

MOTOR CARRIER COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PERSON COMPLETING FORM: _____ DATE: _____

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