



# 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	
		<b>GENERAL LIABILITY</b> <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	\$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>CARGO</b> PER VEHICLE DED \$				LIMIT PER VEHICLE	\$
		<b>TRAILER INTERCHANGE PHYSICAL DAMAGE</b> PER TRAILER DED \$				LIMIT PER TRAILER	\$
		<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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

Form 5C

CHECK ALL APPROPRIATE BOXES

02/16/2018

- ACL/Grimaldi Group/Inarme (\*) (\*\*)
- ANL Singapore Co. Pte. Ltd. (formerly: US Lines LLC)
- APL Co. Pte Ltd/Eagle Marine Services (EMS)(\*)(\*\*)
- Bermuda Container Line, Limited (\*)
- BNSF Railway Company (\*)
- Bridge Chassis Supply LLC & Affiliates (Kawasaki Kisen Kaisha Ltd., "K" Line America, Inc., "K" Line New York, Inc. and Multimodal Engineering Corporation) (\*) (\*\*)
- Canadian National/Illinois Central Railroad (\*)
- Canadian Pacific Railway-US (SOO Line and D&H) (\*)
- CMA-CGM (America) LLC
- COFC Logistics LLC
- Consolidated Chassis Management LLC (\*) (\*\*)
- COSCO Shipping Lines Co., Ltd./COSCO Shipping Lines (North America), Inc./COSCO Shipping Lines (Europe) Ltd.
- CSX Intermodal Terminals, Inc. (\*) (\*\*)
- Eimskip USA, Inc.
- Evergreen Shipping Agency (America) Corporation (\*) (\*\*)
- Hamburg Sud North America, Inc. (\*)  
(formerly HSAC Logistics, Inc.)
- Hapag-Lloyd (America) Inc. (\*) (\*\*)
- Hyundai Merchant Marine, Inc. (America) (\*\*)
- Iowa Interstate Railroad Ltd.
- K-Line America, Inc. (Kawasaki Kisen Kaisha, Ltd.) (\*) (\*\*)
- Kansas City Southern Railway (KCS) - (\*)
- MACS Maritime Carrier Shipping LLC (formerly: Galborg Pte) (\*) (\*\*)
- Maersk Line U.S.A. as agent for Maersk Line A/S dba Maersk Line/Safmarine/Maersk Domestic/Sealand(\*)
- Matson Navigation Company (\*) (\*\*)
- Matson Navigation Company of Alaska LLC (\*)
- Mediterranean Shipping Co. SA (\*) (\*\*)
- Milestone Chassis Company LLC (\*) (\*\*) (Effective 12/15/17)
- Milestone Equipment Company LLC (\*) (\*\*) (Effective 12/15/17)
- MOL (America), Inc. (Mitsui)
- National Shipping of America, LLC, c/o National Shipping Agencies (\*)
- NileDutch America B.V. )
- Nippon Yusen Kaisha (NYK Line North America) (\*) (\*\*)
- Norfolk Southern Corporation (\*)
- North American Chassis Pool Cooperative LLC (\*) (\*\*)
- Ocean Network Express North America, Inc./  
Ocean Network Express PTE LTD (\*) (\*\*) (Effective March 1, 18)
- Odyssey FoodTrans LLC (\*) (\*\*)
- OOCL (USA), Inc as agent for Orient Overseas Container Line Limited. & OOCL (Europe) Limited (\*) (\*\*)
- Pacific International Lines (Private) Limited
- Pasha Hawaii Holdings LLC (\*) (\*\*)
- Sarjak Container Lines Pvt. Ltd.
- Schuyler Line Navigation Company LLC
- Seaboard Marine Ltd. (\*) (\*\*)
- SM Lines Corporation (\*) (\*\*)
- Somers Isles Shipping Ltd. (\*)
- Swire Shipping (formerly Indotrans, Inc. & Indotrans Pacific)
- Tiger Cool Express LLC (\*)
- Tote Maritime Puerto Rico LLC (formerly Sea Star Lines, LLC) (\*) (\*\*)
- Turkon Container Transportation & Shipping, Inc.
- Union Pacific Railroad Co. (\*\*)
- Virginia International Terminals, Inc.(Virginia Inland Ports)(\*) (\*\*)
- Wan Hai Lines, Ltd. (\*)
- XPO Stacktrain, LLC (\*) (\*\*)
- Yangming Marine Transport c/o Yang Ming (America) Corporation (\*) (\*\*)
- 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](http://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.