

Explanation of Sample UIIA Acord 22 Certificate
(See Sample Acord Certificate)

1. Full name and address of the insurance agency.
2. Insurance Agent contact information, including agent's name, phone, fax and e-mail.
3. Name of Insured including address.
4. Insurance Company Information
 - a) Full Name of Insurance companies provided on the certificate.
 - b) NAIC Number. This number can be obtained from the Best Key Rating Guide. This number should automatically populate as you put in the insurance companies name.
 - c) Best Rating of the Insurance Company.
5. Corresponding letter of insurance company that applies to the coverage listed.
6. Additional Insured Designation Box – Agent may indicate with an “X” in this box, next to the appropriate coverage, that a person or organization listed on the certificate is additional insured. **Please note the insurance agent in addition to placing an “X” in this Additional Insured box, must also mark under the description that the person or organization is additional insured. The Additional Insured must be for the participating UIIA Equipment Provider and not the UIIA. The UIIA is only the certificate holder and does not require to be named additional insured.**
7. Policy numbers of coverages shown on certificate.
8. Effective date of coverages shown on certificate.
9. Expiration date of coverages shown on certificate.
10. Type of auto policy shown on the certificate. This box must be marked either **Any Auto, Scheduled and Hired or All Owned and Hired. We cannot accept an auto policy that is marked Scheduled Only or All Owned Only.**
11. **General Liability** limits – Motor Carriers must maintain a commercial general liability policy with a limit of at least one million per occurrence. No portion of this policy can be self insured.
12. **Auto Liability** limits – Motor Carriers must maintain a commercial auto liability policy with a limit of a least one million combined single limit.
13. **Cargo** – The new UIIA Acord 22 form now has a designated box to show cargo coverage. The limit per vehicle is required.
14. **Cargo Deductible** – The new UIIA Acord 22 form now has a designated box to show the deductible for cargo.
15. **Trailer Interchange/Physical Damage** – The new UIIA Acord 22 now has a designated box to show trailer interchange. The limit per trailer is required.
16. **Trailer Interchange Deductible** – The new UIIA Acord 22 now has a designated box to show the deductible for trailer interchange.
17. If an excess policy is shown on the certificate, you must specify on the certificate what coverages are covered under this excess policy.
18. **Workers Compensation/Employers Liability** – Certain UIIA Equipment Providers require that Motor Carriers maintain workers compensation and/or Employer's Liability.
19. **The new UIIA Acord 22 Form contains the specific language under the Description of Operations regarding the Truckers Uniform Intermodal Interchange Endorsement and the additional insureds. INSURANCE AGENTS MUST CHECK THE BOX TO THE RIGHT OF THE LANGUAGE TO CONFIRM THAT IT APPLIES TO THE INSURANCE INFORMATION BEING PROVIDED.**

20. Equipment Provider Checklist

- a) All Equipment Providers with whom the insured does business or intends to do business will need to be checked off on the on-line Equipment Provider Checklist.

COVERAGES AND ENDORSEMENTS LISTED ON THE CERTIFICATE

GENERAL LIABILITY — 1 million per occurrence must be shown on the certificate and no portion of the policy can be self insured.

AUTO LIABILITY — 1 Million combined single limit must be shown on the certificate.

CARGO LIABILITY — Limit per vehicle must be shown on the certificate in addition to any deductible applicable to the policy.

TRAILER INTERCHANGE PHYSICAL DAMAGE — Limit per trailer must be shown on the certificate in addition to any deductible applicable to the policy.

WORKERS COMPENSATION/EMPLOYER'S LIABILITY — Show this coverage on the certificate if applicable.

EXCESS POLICIES – If excess policies provided on certificate, agent must specify to what coverages these policies apply.

TRUCKER'S UNIFORM INTERMODAL INTERCHANGE ENDORSEMENT AND ADDITIONAL INSUREDS— The check box under the description of operation must be checked to confirm that the **UIIE-1 or CA23-17 equivalent** is part of the auto liability policy and that the Equipment Providers on the Equipment Provider Checklist are additional insured on the auto, general and trailer interchange where applicable.

EXCLUSIONS - All applicable exclusionary endorsements that result in limiting or restricting the policies being provided should be noted on the online Acord 101 form that can be accessed by clicking the ACORD 101 link under the description of operations and then sending the endorsements to the UIIA office at (301)982-3414 or via e-mail to: UIIA@Intermodal.org.

CANADIAN FUNDS - Limits provided in Canadian Funds must be equivalent to the limits for each Equipment Provider your insured does business with which are shown in the instructions in US Funds.

Acceptable Additional Insured Wording on the Certificate

The UIIA Acord 22 form was specifically designed and developed for use by insurance agents providing information on behalf of UIIA Motor Carriers. It has the additional insured language pre-printed on the certificate and just requires the agent to check the box to the left hand-side of language and ensure that the completed on-line Equipment Provider Checklist is up-to-date.

If your insured has blanket additional insured coverage, you can click on the blanket additional insured box on the ACORD 22 online insurance form and identify the policies the blanket coverage is provided on. Should you need to provide specific blanket wording, this can be provided on the ACORD 101 form by clicking on this link under the Description of Operation. Please note that only the following wording for a blanket additional insureds are accepted when applying blanket coverage on-line:

All water/rail carriers and leasing companies, participating in the UIIA, are named additional insured on auto, general and trailer interchange where required by written contract.

or

Any person or organization that the insured is under a signed contract with, are named additional insured in regards to auto, general and trailer interchange.

ONLY ONE ACORD CERTIFICATE OF INSURANCE NAMING THE EQUIPMENT PROVIDERS WITH WHOM YOUR INSURED DOES BUSINESS IS REQUIRED. YOU ARE NOT REQUIRED TO MAIL OR PROVIDE A COPY OF THE CERTIFICATE TO THE UIIA OFFICE WHEN THE CERTIFICATE HAS BEEN APPLIED ON-LINE.

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.



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 ①	CONTACT NAME: ②	PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:			
INSURED ③	INSURER(S) AFFORDING COVERAGE		NAIC #	BEST RATING
	INSURER A :			
	INSURER B :			
	INSURER C : ④			
	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	
⑤	⑥	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	⑦	⑧	⑨	EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ ⑪
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ⑩ <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)	\$ ⑫
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		CARGO PER VEHICLE DED \$ ⑭				LIMIT PER VEHICLE	\$ ⑬
		TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ ⑮				LIMIT PER TRAILER	\$ ⑰
		<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE ⑰ RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below ⑱				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.

⑲

CERTIFICATE HOLDER

President
 The Intermodal Association of North America
 11785 Beltsville Drive
 Suite 1100
 Calverton, MD 20705-4049

CANCELLATION

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

⑳

Equipment Provider List

Form 5C

CHECK ALL APPROPRIATE BOXES

09/25/2018

- ACL/Grimaldi Group/Inarme (*) (**)
- American Intermodal Management, LLC (AIM) (*) (**) (Effective 10/1/18)
- 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) GmbH
- 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 (*) (**)
- Milestone Equipment Company LLC (*) (**)
- 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 (*) (**)
- 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)
- The Genset Pool, LLC (*) (**) [Effective 9/10/18]
- 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 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.

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*Note: This form is not available for use in Texas.