



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				EACH OCCURRENCE	\$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$
		<input type="checkbox"/> POLICY <input type="checkbox"/>					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> OWNED AUTOS ONLY					
		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS ONLY					
		<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
		CARGO				LIMIT PER VEHICLE	\$
		PER VEHICLE DED \$					
		TRAILER INTERCHANGE PHYSICAL DAMAGE				LIMIT PER TRAILER	\$
		PER TRAILER DED \$					
		<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				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
02/16/2024

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> ACL/Grimaldi Group/Inarme (*) (**) <input type="checkbox"/> American President Lines LLC <input type="checkbox"/> ANL Singapore Co. Pte. Ltd. (formerly: US Lines LLC) <input type="checkbox"/> Bermuda Container Line, Limited (*) <input type="checkbox"/> BNSF Railway Company (*) <input type="checkbox"/> Canadian National/Illinois Central Railroad (*) <input type="checkbox"/> Canadian Pacific Railway-US (SOO Line and D&H) (*) <input type="checkbox"/> CCM - Consolidated Chassis Management LLC (*) (**) (NON-UIIA EP) <input type="checkbox"/> CCM LLC and SACP LLC (*) (**) (NON-UIIA EP) <input type="checkbox"/> CMA-CGM (America) LLC <input type="checkbox"/> COFC Logistics LLC <input type="checkbox"/> COSCO Shipping Lines Co., Ltd./COSCO Shipping Lines (North America), Inc. <input type="checkbox"/> Crowley Liner Services (*) (**) <input type="checkbox"/> CSX Intermodal Terminals, Inc. (*) (**) <input type="checkbox"/> Depotrans Clewiston LLC (formerly Odyssey FoodTrans LLC) (*) (**) <input type="checkbox"/> Eimskip USA, Inc. <input type="checkbox"/> Ellerman City Liners Ltd. <input type="checkbox"/> Evergreen Shipping Agency (America) Corporation (*) (**) <input type="checkbox"/> Flexi-Van Leasing, LLC (*) (**) <input type="checkbox"/> Four Seasons Fresh Transport LLC (*) (**) <i>New</i> <input type="checkbox"/> Hapag-Lloyd (America) Inc. (*) (**) <input type="checkbox"/> HMM Co. Ltd. (formerly Hyundai Merchant Marine, Inc.) (**) <input type="checkbox"/> Innovative Terminal Services, Inc. (*) <input type="checkbox"/> Interpool, Inc. d/b/a TRAC Intermodal, its affiliates, subsidiaries and Chassis Lessors (*) (**) (NON-UIIA EP) <input type="checkbox"/> Iowa Interstate Railroad Ltd. <input type="checkbox"/> ISO Tank Chassis Services LLC <input type="checkbox"/> Kansas City Southern Railway (KCS) - (*) <input type="checkbox"/> MACS Maritime Carrier Shipping LLC (formerly: Galborg Pte) (*) (**) <input type="checkbox"/> Maersk Line Limited (*) <input type="checkbox"/> Maersk Agency U.S.A. Inc. as agent for Maersk A/S (*) | <ul style="list-style-type: none"> <input type="checkbox"/> Matson Navigation Company (*) (**) <input type="checkbox"/> Matson Navigation Company of Alaska LLC (*) <input type="checkbox"/> Mediterranean Shipping Co. SA (*) (**) <input type="checkbox"/> Milestone Chassis Company LLC (*) (**) <input type="checkbox"/> Milestone Equipment Company LLC (*) (**) <input type="checkbox"/> National Shipping of America, LLC, c/o National Shipping Agencies (*) <input type="checkbox"/> Neptune Pacific Direct Line Pte Ltd. (*) (**) <input type="checkbox"/> Norfolk Southern Corporation (*) <input type="checkbox"/> North American Chassis Pool Cooperative LLC (*) (**) <input type="checkbox"/> Ocean Network Express North America, Inc./ Ocean Network Express PTE LTD (*) (**) <input type="checkbox"/> OOCL (USA), Inc as agent for Orient Overseas Container Line Limited. & OOCL (Europe) Limited (*) (**) <input type="checkbox"/> Pasha Hawaii Holdings LLC (*) (**) <input type="checkbox"/> Paul's Transport, Inc. <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"/> The Genset Pool, LLC (*) (**) <input type="checkbox"/> Tote Maritime Puerto Rico LLC (formerly Sea Star Lines, LLC) (*) (**) <input type="checkbox"/> Transfar Shipping Pte Ltd. <input type="checkbox"/> Turkon Container Transportation & Shipping, Inc. <input type="checkbox"/> Union Pacific Railroad Co. (**) <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 (c/o Yang Ming (America) Corp.) (*) (**) <input type="checkbox"/> Zim American Integrated Shipping Service Co LLC (*) (**) |
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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.

MOTOR CARRIERS

You will need to check off the companies you wish to do business with and then provide this list to your insurance agent.

Insurance Agents

Once you receive this completed list from your insured, you will need to apply their insurance information online adding the companies marked off as an additional insured on the auto, general &/or trailer interchange policies that your company handles for this insured.

If you are not registered with UIIA you can register as an agent at: <https://ia.uiia.org/apps/auth/register>

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.