



## Quick Reference for Insurance Agents

### For Completing and Providing the Required Insurance Information for the UIIA

In order to assist you with preparing the necessary insurance information for your insured to participate in the Uniform Intermodal Interchange and Facilities Access Agreement (UIIA), we have outlined the information that must be submitted online through the UIIA application on behalf of your insured:

**PLEASE NOTE EFFECTIVE OCTOBER 1, 2016, ALL INSURANCE IS REQUIRED TO BE SUBMITTED ONLINE THROUGH THE UIIA APPLICATION. ALL AGENTS MUST BE REGISTERED AS AN AUTHORIZED USER TO SUBMIT INSURANCE ONLINE.**

**IN OUR EFFORTS TO GO PAPERLESS, EFFECTIVE OCTOBER 5, 2020, IANA WILL NO LONGER ACCEPT INSURANCE DOCUMENTATION SENT VIA U.S. MAIL.**

1. Insurance Agents are required to go to [Online Insurance Registration](#) to register as an agent to submit insurance on-line.
2. The online certificate of insurance must contain the following coverage(s) and limits: (See [Form 5A — Explanation](#) and [Sample UIIA Acord 22 Certificate](#) – Note that all limits for Equipment Providers outlined in these instructions are shown in US Funds. If providing limits in Canadian Funds, they should be equivalent to the limits shown in US Funds.)
  - [General Liability](#) with a limit of \$1 million per occurrence.
  - [Auto Liability](#) with a CSL (combined single limit) of \$1 million  
Auto Policy must be marked as either an “ANY AUTO”, “SCHEDULED AND HIRED” or “ALL OWNED and HIRED” policy. We cannot accept just a “ALL OWNED AUTO” or a “SCHEDULED ONLY” auto policy.
  - \*[Cargo Insurance](#) with a limit per vehicle shown and deductibles if applicable.
  - \*[Trailer Interchange](#) Coverage with a limit per trailer shown and deductible if applicable. This is to cover physical damage to non-owned equipment while in the care, custody and control of your insured.
  - [Workers Compensation and Employer’s Liability](#) (if applicable). If your insured is doing business with the railroads this coverage will need to be provided. If the insured is exempted from having to carry workers compensation coverage, the insured can supply the UIIA office with an exemption statement stating the reason why they are exempt from this coverage. This signed statement can be scanned and emailed to the UIIA office at: [UIIA@Intermodal.org](mailto:UIIA@Intermodal.org) or it can be faxed to: (301)982-3414.

**\*NOTE: Limits for Cargo and Trailer Interchange will vary depending on the specific Equipment Providers that your insured is going to do business with. See (Form 5B) to see a list of Equipment Providers along with the limits of insurance they require.**

**Please note that Section F.6. of the UIIA requires that the Motor Carrier's insurance policies provide a thirty (30) advance notice of any cancellation of the insurance policies provided unless cancellation is a result of non-payment in which ten (10) days notification is required. This is a contractual obligation of your insured as a signatory to the UIIA so insurance information provided to the UIIA must be endorsed to provide such coverage.**

3. The Truckers Uniform Intermodal Interchange Endorsement ([UIIE-1](#) or [CA23-17](#)) must be made part of your insured's Auto Liability Policy. **On the UIIA Acord 22 certificate online, you must check the box next to the language under the description of operations confirming this endorsement is part of the auto policy.**
4. The Equipment Providers that your insured is going to do business with will need to be named additional insured on the appropriate policies. Your insured should have completed their online Providers list or they could have provided you with the [Equipment Provider Checklist \(Form 5C\)](#). This list should have all the Providers marked off of whom they do business. An authorized representative of the insurance agency or company will need this list when doing their online submission of the insurance on behalf of their insured. **In addition, on the online UIIA Acord 22 certificate you will need to check the box next to the language pre-printed under the description of operations confirming the companies on the list are additional insured on the appropriate policies. Alternatively, you can check the box that indicates the policy(ies) being provided have blanket additional insured coverage.**
5. If you provide an umbrella/excess policy, you must specify on the certificate what coverages are covered under this umbrella/excess policy **(Example: auto, general and etc.)**.
6. The National Association of Insurance Commissioners (NAIC) numbers need to be shown on the online Acord certificate for all insurance companies providing coverage. These NAIC numbers and rating of the insurance company should automatically populate when typing in the insurance companies company name, or you can obtain this information from the "Best Key Rating Guide."
7. All applicable exclusionary endorsements that result in limiting or restricting the policies being provided should be noted on the online Acord 101 by clicking on the link to access the ACORD 101 available in the description of operations at the bottom of your online accord 22 certificate, and then sending these endorsements via e-mail to [uiia@intermodal.org](mailto:uiia@intermodal.org).

**Only *ONE* certificate of insurance with the information listed above needs to be submitted online. WE *DO NOT* NEED SEPARATE CERTIFICATES TO BE SUBMITTED FOR EACH EQUIPMENT PROVIDER THAT YOUR INSURED IS DOING BUSINESS WITH.**

## **UIIA Insurance Renewals – Expiration of Policies:**

The UIIA system is setup to expire insurance policies at 12:01 a.m. of the day of the expiration date which often causes confusion with the Motor Carriers thinking they have coverage until 11:59 p.m. on the expiration date, but in fact the policy expires on the first minute of that day. Therefore, Motor Carriers need to have their insurance renewal policies sent to our office prior to the expiration date.

In addition, insurance agents should ensure that the effective date of a policy is concurrent with the expiration date of the policy expiring so that there is no lapse between the expiring and renewal/new policy. (i.e. A policy expires 2/1/2024 should have a renewal policy with effective date of 2/1/2024, not 2/2/2024.)

**To become an authorized agent to submit insurance online to the UIIA, you will need to do the following:**

1. Go to the [Register for Online Insurance Submission](#) page & click on Insurance *Agent Registration Page*.
2. Complete the registration page & then sign your registration form & email it to our office at: [UIIA@Intermodal.org](mailto:UIIA@Intermodal.org)
3. You will need to request from your insured their SCAC Code and Insurance Agent Code. You will need this information the first time you submit insurance information on behalf of your insured.

**YOU ARE NOT REQUIRED TO MAIL OR EMAIL A COPY OF THE CERTIFICATE TO THE UIIA OFFICE WHEN THE CERTIFICATE HAS BEEN APPLIED ON-LINE.**



# 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 #
	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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
(5)	(6)	<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"/>	(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	\$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>CARGO</b> PER VEHICLE DED \$ (14)				LIMIT PER VEHICLE	\$ (13)
		<b>TRAILER INTERCHANGE PHYSICAL DAMAGE</b> PER TRAILER DED \$ (16)				LIMIT PER TRAILER	\$ (15)
		<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
		<input type="checkbox"/> DEDUCTIBLE (17)				AGGREGATE	\$
		<input type="checkbox"/> RETENTION \$					\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N (18) 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	\$

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

## CANCELLATION

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

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

CHECK ALL APPROPRIATE BOXES

**Form 5C**  
02/16/2024

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

**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.



Revised 10/01/18

FORM UIIE -1

**TRUCKERS UNIFORM INTERMODAL INTERCHANGE ENDORSEMENT  
(IANA FORM UIIE-1)  
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Policy Number:
Name Insured:	Countersigned By: (Authorized Representative of Ins. Co.)

It is agreed that such insurance as is afforded by the policy for Auto Bodily Injury and Property Damage Liability applies to liability assumed by the named insured, as "Motor Carrier Participant," under Subsection F.4. of the Uniform Intermodal Interchange and Facilities Access Agreement, and any subsequent amendments thereto:

F. Liability, Indemnity, and Insurance

F.4. Indemnity

- a. Subject to the exceptions set forth in Subsection (b) below, Motor Carrier agrees to defend, hold harmless and fully indemnify the Indemnitees (without regard to whether the Indemnitees' liability is vicarious, implied in law, or as a result of the fault or negligence of the Indemnitees), against any and all claims, suits, loss, damage or liability, for bodily injury, death and/or property damage (other than cargo loss, damage, or delay unrelated to a commercial motor vehicle accident involving the Motor Carrier or theft of the cargo during the Interchange Period), including reasonable attorney fees and costs incurred in the defense against a claim or suit, or incurred because of the wrongful failure to defend against a claim or suit, or in enforcing subsection F.4 (collectively, the "Damages"), caused by or resulting from the Motor Carrier's: use or maintenance of the Equipment during an Interchange Period; and/or presence on the Facility Operator's premises.
- b. Exceptions: The foregoing indemnity provision shall not apply to the extent Damages: (i) occur during the presence of the Motor Carrier on the Facility Operator's premises and are caused by or result from the negligent or intentional acts or omissions of the Indemnitees, their agents, employees, vendors or third party invitees (excluding Indemnitor); or (ii) are caused by or result from defects to the Equipment with respect to items other than those set forth in Exhibit A, unless such defects were caused by or resulted from the negligent or intentional acts or omissions of the Motor Carrier, its agents, employees, vendors, or subcontractors during the Interchange Period.

Subject to the following provisions:

1. The limits of the company's liability under this policy for damages because of bodily injury and property damage arising out of the use, operation, maintenance or possession of interchange equipment shall be the applicable amount stated below and designated by an "X" unless a greater amount is otherwise stated in the policy as applicable to such bodily injury or property damage.
 

[ ] Single Limit Bodily Injury and Property Damage .....\$1,000,000 Each Accident  
(or the Equivalent)
2. The company shall:
  - (a) Upon issuance of this endorsement, furnish to the **President, The Intermodal Association of North America, 11785 Beltsville Drive, Suite 1100, Calverton, Maryland 20705-4049**, a properly executed Certificate of Insurance which carries the notation that the company has issued to the named insured Motor Carrier a policy of liability insurance; and
  - (b) Upon cancellation or termination of the policy of which this endorsement forms a part, furnish a notice of such cancellation or termination **NOT LESS THAN 30 DAYS** prior to the effective date of such cancellation or termination, such notice to be mailed to said President at the above address.

UIIA Equipment Provider and Non-UIIA Equipment Providers Required Insurance Coverage w/Limits											
All UIIA Equipment Providers and Non-UIIA Equipment Providers require to be named additional insured on Auto Liability. Those with a (*) next to the General Liability Limit require to be additional insured on General Liability.											
Those with a (**) next to the Trailer Interchange Limit require to be additional insured on Trailer Interchange as well.											
*Please note that all limits below are shown in US Funds. If providing limits in Canadian funds, the limit should be equivalent to the US Funds limits shown below.											
Equipment Provider	Auto	Auto Max Deductible	General	General Max Deductible	Cargo	Cargo Max Deductible	Trailer Interchange	Trailer Interchg Max Deductible	Workers Compensation	Employer's Liability	Addl Paperwork Required
ACL/Grimaldi Group/Inarme	1 million		1 million *		100,000		25000**				
American President Lines LLC	1 million		1 million		100,000		20,000				
ANL Singapore Co. Pte. Ltd. (Formerly: US Lines)	1 million		1 million		100,000		25,000				
Bermuda Container Line Limited	1 million		1 million *		100,000		15,000				
BNSF Railway Company	1 million		1 million *		100,000		20,000				Yes
Canadian National/Illinois Central	1 million		1 million *		100,000		20,000				Yes
Canadian Pacific-US (SOO Line/D&H)	1 million		1 million *		100,000		20,000		Yes		
CCM - Consolidated Chassis Management (NON-UIIA EP)	1 million		1 million*		100,000		25,000**		Yes		Yes
CCM LLC and SACP LLC (NON-UIIA EP)	1 million		1 million*				25,000**				Yes
CMA-CGM (America) LLC	1 million		1 million		100,000		25,000				
COFC Logistics LLC	1 million		1 million				25,000				
COSCO Shipping Lines Co., Ltd./COSCO Shipping Lines (North America), Inc.	1 million		1 million		100,000		25,000				
Crowley Liner Services, Inc.	1 million		1 million *		100,000		25,000				
CSX Intermodal Terminals, Inc.	1 million		1 million *		100,000		20,000**		Yes	100/500/100	Yes
Depotrans Clewiston LLC	1 million		1 million *		100,000		25,000 **	1,000	Yes	100/500/100	
Eimskip USA, Inc.	1 million		1 million		1,000		25,000				
Ellerman City Liners Ltd.	1 million		1 million		100,000		15,000				
Evergreen Shipping Agency (America) Corp.	1 million		1 million		100,000		25000**				Yes
Flexi-Van Leasing, LLC	1 million		1 million		100,000	5,000	25000**	1,000			Yes
Four Seasons Fresh Transport LLC	1 million		1 million				35000**				
Hapag-Lloyd (America), Inc.	1 million		1 million *				20,000 **				
HMM Co. Ltd.	1 million		1 million		100,000		30,000 **				
Innovative Terminal Services, Inc.	1 million		1 million*						Yes		
Interpool, Inc. d/b/a TRAC Intermodal, its affiliates, subsidiaries and Chassis Lessors (NON-UIIA EP)	1 million		1 million*				25000**	1,000			
Iowa Interstate Railroad	1 million		1 million		100,000		25,000		Yes		
ISO Tank Chassis Services	1 million		1million		100,000		30,000				
Kansas City Southern Railway Co.	1 million		1 million*		100,000		25,000		Yes	500/500/500	Yes
MACS Maritime Carrier Shipping LLC	1 million		1 million *		50,000		25,000 **				
Maersk Line Limited	1million		1 million *		100,000		25,000				
Maersk Agency U.S.A. Inc. as agent for Maersk A/S	1 million		1 million *		100,000		25,000				
Matson Navigation Company	1 million		1 million *		100,000		20,000 **				
Matson Navigation Co. of Alaska LLC	1 million		1 million *		100,000		25,000		Yes		
Mediterranean Shipping Company SA	1 million		1 million *				20,000 **				
Milestone Chassis Company LLC	1 million		1 million *				42,000**				
Milestone Equipment Company LLC	1 million		1 million*				42,000**				
National Shipping of America, LLC	1 million		1 million *		100,000		25,000				
Neptune Pacific Direct Lines Pte Ltd (NPDL)	1 million		1 million*		100,000		20,000**				
Norfolk Southern Corporation	1 million		1 million *		100,000		20,000		Yes	100/500/100	Yes
North American Chassis Pool Cooperative	1 million		1 million *		100,000		25,000 **		Yes		
Ocean Network Express North America, Inc./Ocean Network Express Pte. Ltd.	1 million		1 million*		100,000		15,000**				

[illegible]