



# 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:                 |        | FAX (A/C, No): |  |
|          | PHONE (A/C, No, Ext):         |        |                |  |
| 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 | ADDL LTR | INSR | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                                    |        |
|------|----------|------|---|---------------|------------------------------------|-------------------------------------|---|--------|
|      |          |      | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>_____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><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><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                        |               |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident)       | \$     |
|      |          |      |   |               |                                    |                                     | BODILY INJURY (Per person)                | \$     |
|      |          |      |   |               |                                    |                                     | BODILY INJURY (Per accident)              | \$     |
|      |          |      |   |               |                                    |                                     | PROPERTY DAMAGE (Per accident)            | \$     |
|      |          |      | <b>CARGO</b><br>PER VEHICLE DED \$  |               |                                    |                                     | LIMIT PER VEHICLE                         | \$     |
|      |          |      | <b>TRAILER INTERCHANGE PHYSICAL DAMAGE</b><br>PER TRAILER DED \$  |               |                                    |                                     | LIMIT PER TRAILER                         | \$     |
|      |          |      | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE<br>RETENTION \$  |               |                                    |                                     | EACH OCCURRENCE                           | \$     |
|      |          |      |   |               |                                    |                                     | AGGREGATE                                 | \$     |
|      |          |      |   |               |                                    |                                     |   | \$     |
|      |          |      |   |               |                                    |                                     |   | \$     |
|      |          |      | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>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 (Attach ACORD 101, Additional Remarks Schedule, 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

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

THE INTERMODAL ASSOCIATION REQUIRES A 30 DAY ADVANCE NOTICE OF POLICY CANCELLATION. THE ABOVE POLICIES HAVE BEEN ENDORSED TO PROVIDE THIS ADVANCE NOTICE.

AUTHORIZED REPRESENTATIVE