



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

6/29/2016

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 Lipscomb & Pitts Insurance, LLC 2670 Union Ave. Ext. Suite 100 Memphis TN 38112	CONTACT NAME: Stephanie Davis			
	PHONE (A/C. No. Ext): 901-321-1000	FAX (A/C. No): 901-321-1100		
E-MAIL ADDRESS: stephanied@lpinsurance.com				
PRODUCER CUSTOMER ID #: EASLETRAN				
INSURED Easley Transportation, LLC 4300 Air Trans Road Memphis TN 38118	INSURER(S) AFFORDING COVERAGE		NAIC #	BEST RATING
	INSURER A: National Interstate Insurance Com		32620	A
	INSURER B: AGCS Marine Insurance Company		22837	A+
	INSURER C: Accident Fund Ins Co of America		10166	A-
	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					
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/>	GLT001058103	7/1/2016	7/1/2017	EACH OCCURRENCE	\$ 1,000,000				
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000				
						MED EXP (Any one person)	\$ 5,000				
						PERSONAL & ADV INJURY	\$ 1,500,000				
						GENERAL AGGREGATE	\$ 3,000,000				
						PRODUCTS - COMP/OP AGG	\$ 1,000,000				
A	Y	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAT001058103	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
						BODILY INJURY (Per person)	\$				
						BODILY INJURY (Per accident)	\$				
						PROPERTY DAMAGE (Per accident)	\$				
B	Y	CARGO PER VEHICLE DED \$ 25000**	MZI93032715	7/1/2016	7/1/2017	LIMIT PER VEHICLE	\$ 250,000				
A	Y	TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ 1,000	CAT001058103	7/1/2016	7/1/2017	LIMIT PER TRAILER	\$ 25,000				
		<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$				
						AGGREGATE	\$				
							\$				
							\$				
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below <table style="float: right;"> <tr> <td>Y/N</td> <td></td> </tr> <tr> <td>Y</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Y/N		Y	<input checked="" type="checkbox"/>	WCV6062038	1/1/2016	1/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
Y/N											
Y	<input checked="" type="checkbox"/>										
						E.L. EACH ACCIDENT	\$500,000				
						E.L. DISEASE - EA EMPLOYEE	\$500,000				
						E.L. DISEASE - POLICY LIMIT	\$500,000				

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.

**\$5,000 Cargo Deductible for Yangming Loads Only.

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.

AUTHORIZED REPRESENTATIVE

J. Russell Wall

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