



# INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
08/01/2009

**AGENCY**  
 WELLINGTON F. ROEMER INSURANCE, INC.  
 3912 SUNFOREST COURT  
 P.O. BOX 8730  
 TOLEDO, OH 43623-0730

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
 STEEL & MACHINERY TRANSPORTATION, INC.  
 3680 WEST 179TH STREET  
 P.O. BOX 2310  
 HAMMOND, IN 46323-2310

INSURERS AFFORDING COVERAGE	NAIC #	BEST RATING
INSURER A: PENN-STAR INSURANCE COMPANY		
INSURER B: SENTRY SELECT INSURANCE COMPANY		
INSURER C: UNDERWRITERS AT LLOYDS, LONDON		
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER:	PAC6552191	01/28/09	01/28/10	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
B		<b>AUTOMOBILE LIABILITY</b> <input 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 <input checked="" type="checkbox"/> COMMERCIAL VEHICLES	CT751165-1106-091	08/01/09	08/01/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
C		<b>CARGO</b> PER VEHICLE DED \$ 2,500	AR004990H	08/01/09	08/01/10	LIMIT PER VEHICLE	\$ 100,000
B		<b>TRAILER INTERCHANGE PHYSICAL DAMAGE</b> PER TRAILER DED \$ 1,000	CT751165-1106-091	08/01/09	08/01/10	LIMIT PER TRAILER	\$ 30,000
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
C		<b>OTHER</b> <b>EXCESS CARGO</b>	AG000210H	08/01/09	08/01/10	\$150,000 VEH / \$400,000 CAT	

**DESCRIPTION OF OPERATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE