



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
08/01/2010

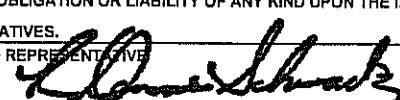
AGENCY WELLINGTON F. ROEMER INSURANCE, INC. 3912 SUNFOREST COURT P.O. BOX 8730 TOLEDO, OH 43623-0730	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
	INSURERS AFFORDING COVERAGE	NAIC #	BEST RATING
INSURED STEEL & MACHINERY TRANSPORTATION, INC. 3680 WEST 179TH STREET P.O. BOX 2310 HAMMOND, IN 46323-2310	INSURER A: PENN-STAR INSURANCE COMPANY		
	INSURER B: SENTRY SELECT INSURANCE COMPANY		
	INSURER C: HARTFORD INSURANCE COMPANY		
	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 (ADJ) LTR (INSRD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	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:	PAC6552191	01/28/10	01/28/11	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	AUTOMOBILE LIABILITY <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 _____	CT751165-1106-101	08/01/10	08/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE (Per accident)				\$	
C	CARGO PER VEHICLE DED \$ 2,500	45 MS NC3151	08/01/10	08/01/11	LIMIT PER VEHICLE	\$ 100,000
B	TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ 1,000	CT751165-1106-101	08/01/10	08/01/11	LIMIT PER TRAILER	\$ 30,000
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	\$
	OTHER					

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 <u>30</u> 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 
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Equipment Provider List

Form 5C

CHECK ALL APPROPRIATE BOXES

07/21/2010

- ACL/Grimaldi Group/Inarme (*)
- APL Co. Pte Ltd/Eagle Marine Services (EMS)(*)(**)
- Allanticargo/Star Shipping
- Bermuda Container Line, Limited (*)
- Bringer Lines (effective 8/6/09)
- Burlington Northern Santa Fe (BNSF) (*)
- Canadian National/Illinois Central Railroad (*)
- Canadian Pacific Railway-US (SOO Line and D&H) (*)
- China Shipping Container Line (*)(**)
- CMA-CGM (America) LLC
- Compania Chilena De Navegacion Interoceanica S.A. (C.C.N.I.) (*)
- Compania Sud-Americana De Vapores
c/o ATG (CSAV/Libra Uruguay/NorAsia/Libra) (**)
- COSCO North America, Inc./COSCO Container Lines Co., Ltd./COSCO
Container Lines Americas, Inc./China Ocean Shipping Company America, Inc.
- CSX Intermodal (*)
- CSX Intermodal Terminals, Inc. (*)
- Eimskip USA, Inc.
- Evergreen Shipping Agency (America) Corporation
- Galborg Pte Ltd (trading as GAL) (*)(**)
- Hamburg Sud North America, Inc. (*)
(formerly HSAC Logistics, Inc.)
- Hanjin Shipping Co., Ltd. (*)(**)
- Hapag-Lloyd (America) Inc. (*)(**)
- Horizon Lines, LLC (formerly CSX Lines, LLC) (*)
- Horizon Lines of Alaska, LLC (formerly CSX Lines of Alaska, LLC) (*)
- Hyundai Merchant Marine, Inc. (America) (**)
- Iowa Interstate Railroad Ltd.
- K-Line America, Inc. (Kawasaki Kisen Kaisha, Ltd.) (*)
- Maersk Line (*)
- Matson Navigation Company (*)(**)
- Mediterranean Shipping Co. SA (*)(**)
- Milestone Equipment Corporation (*)(**)
- MOL (America), Inc. (Mitsui)
- Nippon Yusen Kaisha (NYK Line North America) (*)(**)
- Nordana Line (*)(**)
- Norfolk Southern Corporation (*)
- OOCL (USA), Inc. (*)(**)
- Pacer Int'l, Inc. (Pacer Stacktrain) (*)(**)
- Pacific International Lines (Private) Limited (Effective 04/08/07)
- Safmarine Container Line, N.V. (*)
- Sea Star Lines, LLC (*)(**)
- Somers Isles Shipping Ltd. (*)
- Swire Shipping (formerly Indotrans, Inc. & Indotrans Pacific)
- The Containership Company (TCC) (effective 5/1/2010)
- TransAtlantic Lines LLC (*)
- Turkon Container Transportation & Shipping, Inc.
- Union Pacific Railroad Co. (**)
- United Arab Shipping Company, c/o United Arab Agencies (*)
- US Lines LLC (formerly ANL-USL)
- Virginia International Terminals, Inc. (Virginia Inland Ports) (*)(**)
- Wan Hai Lines, Ltd. (*)
- Yangming Marine Transport c/o Yang Ming (America) Corporation (*)(**)
- Zim American Integrated Shipping Service Co Ltd/
Zim Integrated Shipping Services Ltd. (*)(**)

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.

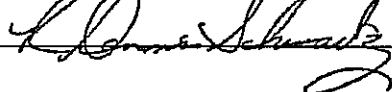
Please complete this form and fax to your insurance provider.

MOTOR CARRIER/INSUREDS COMPANY NAME: STEEL & MACHINERY TRANSPORTATION, INC.

ADDRESS: 3680 WEST 179th STREET / PO BOX 2310 HAMMOND, IN 46323-2310

PHONE: (800) 435-9302 FAX: (815) 634-8213

MOTOR CARRIERS EMAIL ADDRESS: _____

INS. AGENT OR INS. CO. SIGNATURE: X  DATE: 08/01/2010

INS. AGENT OR INS. CO. EMAIL ADDRESS: _____

This form must be signed by the insurance agent & sent to the UIIA Office with a copy of the certificate stating the following: The attached list of providers are named additional insured on Auto. Those companies marked with (*) are additional insured on General and those marked with (**) are additional insured on Trailer Interchange..