



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
08/01/2011

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 WELLINGTON F. ROEMER INSURANCE, INC. 3912 SUNFOREST COURT PO BOX 8730 TOLEDO, OH 43623-0730	CONTACT NAME: Mandie Gutierrez	PHONE (A/C No. Ext): 800-462-1993	FAX (A/C No): 419-475-8750	
	E-MAIL ADDRESS: gutierrezm@roemer-insurance.com			
INSURED STEEL & MACHINERY TRANSPORTATION, INC 3680 WEST 179TH STREET HAMMOND, IN 46323	INSURER(S) AFFORDING COVERAGE		NAIC #	BEST RATING
	INSURER A: PENN-STAR INSURANCE COMPANY			
	INSURER B: NATIONAL SPECIALTY INSURANCE CO			
	INSURER C: AGCS MARINE 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 LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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: <input type="checkbox"/> POLICY	PAC6829892	01/28/2011	01/28/2012	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 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 <input checked="" type="checkbox"/> OWNED COMMERCIAL	TFM500925 *Excludes private passenger vehicles*	08/01/2011	08/01/2012	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	MXI93033672	08/01/2011	08/01/2012	LIMIT PER VEHICLE \$ 100,000
C		TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ 1,000	MXI93033672	08/01/2011	08/01/2012	LIMIT PER TRAILER \$ 40,000
		UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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

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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.



Revised 1/17/05
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: 8/1/2011 - 8/1/2012	Policy Number: TFM500925
Name Insured: Steel & Machinery Transportation, Inc	Countersigned By: (Authorized Representative of Ins. Co.) <i>[Signature]</i>

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 Section 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, 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.
 - ~~XXX~~ 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, MD 20705-4048**, 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.

Equipment Provider List

Form 5C

CHECK ALL APPROPRIATE BOXES

3/2/2011

- | | |
|--|---|
| <input checked="" type="checkbox"/> APL Co. Pte Ltd/Eagle Marine Services (EMS)(*)(**) | <input checked="" type="checkbox"/> Matson Navigation Company (*) (**) |
| <input checked="" type="checkbox"/> ACL/Grimaldi Group/Inarme (*) | <input checked="" type="checkbox"/> Mediterranean Shipping Co. SA (*) (**) |
| <input checked="" type="checkbox"/> Bermuda Container Line, Limited (*) | <input type="checkbox"/> Milestone Equipment Corporation (*) (**) |
| <input checked="" type="checkbox"/> Bringer Lines | <input checked="" type="checkbox"/> MOL (America), Inc. (Mitsui) |
| <input checked="" type="checkbox"/> Burlington Northern Santa Fe (BNSF) (*) | <input checked="" type="checkbox"/> Nippon Yusen Kaisha (NYK Line North America) (*) (**) |
| <input checked="" type="checkbox"/> Canadian National/Illinois Central Railroad (*) | <input type="checkbox"/> Nordana Line (*) (**) |
| <input checked="" type="checkbox"/> Canadian Pacific Railway-US (SOO Line and D&H) (*) | <input checked="" type="checkbox"/> Norfolk Southern Corporation (*) |
| <input checked="" type="checkbox"/> China Shipping Container Line (*) (**) | <input checked="" type="checkbox"/> OOCL (USA), Inc. (*) (**) |
| <input checked="" type="checkbox"/> CMA-CGM (America) LLC | <input type="checkbox"/> P O Shipping Co. Ltd. |
| <input checked="" type="checkbox"/> Compania Chilena De Navegacion Interocceanica S.A. (C.C.N.I.) (*) | <input checked="" type="checkbox"/> Pacer Int'l., Inc. (Pacer Stacktrain) (*) (**) |
| <input checked="" type="checkbox"/> Compania Sud-Americana De Vapores
c/o ATG (CSAV/Libra Uruguay/NorAsia/Libra) (**) | <input checked="" type="checkbox"/> Pacific International Lines (Private) Limited |
| <input checked="" type="checkbox"/> COSCO North America, Inc./COSCO Container Lines Co., Ltd./COSCO
Container Lines Americas, Inc./China Ocean Shipping Company America, Inc. | <input type="checkbox"/> Raildecks, Inc. |
| <input checked="" type="checkbox"/> CSX Intermodal Terminals, Inc. (*) | <input checked="" type="checkbox"/> Safmarine Container Line, N.V. (*) |
| <input checked="" type="checkbox"/> Eimskip USA, Inc. | <input checked="" type="checkbox"/> Sea Star Lines, LLC (*) (**) |
| <input checked="" type="checkbox"/> Evergreen Shipping Agency (America) Corporation | <input type="checkbox"/> Somers Isles Shipping Ltd. (*) |
| <input checked="" type="checkbox"/> Galborg Pte Ltd (trading as GAL) (*) (**) | <input type="checkbox"/> Swire Shipping (formerly Indotrans, Inc. & Indotrans Pacific) |
| <input type="checkbox"/> Grand China Shipping (Yantai) Co. Ltd. (effective April 1, 2011) | <input type="checkbox"/> T S Lines, Ltd. |
| <input checked="" type="checkbox"/> Hamburg Sud North America, Inc. (*)
(formerly HSAC Logistics, Inc.) | <input type="checkbox"/> The Containership Company (TCC) |
| <input checked="" type="checkbox"/> Hanjin Shipping Co., Ltd. (*) (**) | <input checked="" type="checkbox"/> TransAtlantic Lines LLC (*) |
| <input checked="" type="checkbox"/> Hapag-Lloyd (America) Inc. (*) (**) | <input checked="" type="checkbox"/> Turkon Container Transportation & Shipping, Inc. |
| <input checked="" type="checkbox"/> Horizon Lines, LLC (formerly CSX Lines, LLC) (*) | <input checked="" type="checkbox"/> Union Pacific Railroad Co. (**) |
| <input checked="" type="checkbox"/> Horizon Lines of Alaska, LLC (formerly CSX Lines of Alaska, LLC) (*) | <input checked="" type="checkbox"/> United Arab Shipping Company, c/o United Arab Agencies (*) |
| <input checked="" type="checkbox"/> Hyundai Merchant Marine, Inc. (America) (**) | <input checked="" type="checkbox"/> US Lines LLC (formerly ANL-USL) |
| <input type="checkbox"/> Iowa Interstate Railroad Ltd. | <input type="checkbox"/> Virginia International Terminals, Inc. (Virginia Inland Ports) (*) (**) |
| <input checked="" type="checkbox"/> K-Line America, Inc. (Kawasaki Kisen Kaisha, Ltd.) (*) | <input checked="" type="checkbox"/> Wan Hai Lines, Ltd. (*) |
| <input checked="" type="checkbox"/> Maersk Line (*) | <input checked="" type="checkbox"/> Yangming Marine Transport c/o Yang Ming (America) Corporation (*) (**) |
| | <input type="checkbox"/> 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: 8/1/2011

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

This form must be signed by the insurance agent & sent to the UIA 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.