



# INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
07/18/2016

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	The Sovereign General Insurance Company 4th Floor, 1718 Argyle Street Halifax Halifax NS B3J 3N6 (902)492-4975 (902)492-0440	CONTACT NAME: Mary Burke PHONE (A/C, No, Ext): (902)492-4975 FAX (A/C, No): (902)492-0440 E-MAIL ADDRESS: mary.burke@sovgen.com PRODUCER CUSTOMER ID #:
	INSURED	INSURER(S) AFFORDING COVERAGE
Akita Equipment & Auto Transport P O Box 1093 Goulds NL A1S 1A3 (709)368-2051 (709)368-4045	INSURER A : Sovereign General Insurance Company NAIC # 0 BEST RATING A-05/22 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 LTR	ADDD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DEDUCTIBLE \$ 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/>	SOV79550288	07/15/2016	07/15/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0
A		<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> DEDUCTIBLE \$	NCA9503648	07/15/2016	07/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ 0 BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE (Per accident) \$ 0
A		CARGO PER VEHICLE DED \$ 5,000	SOV79550288	07/15/2016	07/15/2017	LIMIT PER VEHICLE \$ 1,000,000
A		TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ 5,000	NCA9503648	07/15/2016	07/15/2017	LIMIT PER TRAILER \$ 75,000
		<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 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) 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 \$ DED/LIMIT \$ DED/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

### CANCELLATION

President  
The Intermodal Association of North America  
11785 Beltsville Drive  
Suite 1100  
Calverton, MD 20705-4048

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 The Sovereign General Insurance Company - IA105464

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS**

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AGENCY The Sovereign General Insurance Company		NAMED INSURED Akita Equipment & Auto Transport
POLICY NUMBER		
CARRIER	NAIC CODE	P O Box 1093 Goulds NL A1S 1A3

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: \_\_\_\_\_ FORM TITLE: ACORD CERTIFICATE OF INSURANCE

To follow are additional insurance policies for the insured shown on the accord certificate:  
 No other additional policies!

No blanket additional insured!

Note: In addition to naming the companies indicated below additional insured on Auto Liability (if applicable):

(\*) The companies below indicated with a single asterisk are additional insured on General Liability Policy.

(\*\*) The companies below indicated with a double asterisk are additional insured on Cargo and/or Trailer Interchange.

**Equipment Provider's List**

- Canadian Nat/Illinois Central(VN110194)(\*)
- Canadian Pacific Rwy-US (SOO Line/D&H)(\*)
- China Shipping Container Line(\*)(\*\*)
- Eimskip USA, Inc.
- Hapag-Lloyd (America) Inc.(\*)(\*\*)
- Maersk Agency USA, Inc. As Agent AP Moller-Maersk (Maersk Line/Safmarine/Maersk Domestic/Sealand)(\*)
- Zim Amer Integrated Shipping Services Co. LLC(\*)(\*\*)

**MOTOR CARRIER COMPANY NAME:**

Akita Equipment & Auto Transport

**ADDRESS:**

P O Box 1093  
 Goulds, NL A1S 1A3

CAN

**PHONE:**

(709)368-2051

**FAX:**

(709)368-4045