



# INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

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

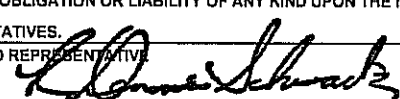
AGENCY WELLINGTON F. ROEMER INSURANCE, INC. 3912 SUNFOREST COURT P.O. BOX 8730 TOLEDO, OH 43623-0730	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
	INSURERS AFFORDING COVERAGE	NAIC #	BEST RATING
INSURED ENNIS TRANSPORTATION CO., INC. 4001 N. INTERSTATE HIGHWAY 45 ENNIS, TX 75119	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 LTR	ADD 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:	PAC6552192	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 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 Vehicle	CT751166-1106-101  **coverage excludes private passenger vehicles**	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 NC3152	08/01/10	08/01/11	LIMIT PER VEHICLE \$ 100,000	
B			TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ 1,000	CT751166-1106-101	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.

<b>CERTIFICATE HOLDER</b>  President The Intermodal Association of North America 11785 Beltsville Drive Suite 1100 Calverton, MD 20705-4048	<b>CANCELLATION</b>  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

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

ADDRESS: 4001 NORTH INTERSTATE HIGHWAY 45 ENNIS, TX 75119

PHONE: (800) 634-8178 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.