



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
07/28/2011

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	Safety Insurance Group	CONTACT NAME:	Brenda Vincent		
	2150 Islington Avenue #400	PHONE (A/C, No, Ext):	(888)513-8466	FAX (A/C, No.): (416)259-7178	
	Toronto ONT M9P3V4	E-MAIL ADDRESS:	bvincent@safetyins.ca		
	(888)513-8466 (416)259-7178	PRODUCER CUSTOMER ID #:			
INSURED	E.G. Gray Transportation Ltd.	INSURER(S) AFFORDING COVERAGE		NAIC #	BEST RATING
	100 Jamesco Drive, Unite 1	INSURER A:	Markel Insurance Company of Canada	0	A 01/19/
	Peterborough ON K9J 6X6	INSURER B:			
	(705)745-2662 (705)745-2835	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	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 type="checkbox"/> OCCUR DEDUCTIBLE \$ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/>	2022023	04/04/2011	04/04/2012	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		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS DEDUCTIBLE \$	2022023	04/04/2011	04/04/2012	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 \$ 1,000	2022023	04/04/2011	04/04/2012	LIMIT PER VEHICLE \$ 250,000
A		TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ 1,000	2022023	04/04/2011	04/04/2012	LIMIT PER TRAILER \$ 40,000
		<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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) 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 \$
A		Contingent Cargo	2022023	04/04/2011	04/04/2012	1,000 DED/LIMIT \$ 250,000 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

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 Safety Insurance Group - IA103036

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS

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AGENCY Safety Insurance Group		NAMED INSURED E.G. Gray Transportation Ltd.	
POLICY NUMBER		100 Jamesco Drive, Unite 1 Peterborough ON K9J 6X6	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

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

- A C L/ Grimaldi Group/ Inarme(*)
- APL Limited(*)(**)
- Bermuda Container Line Limited(*)
- Bringer Lines
- Burlington Northern Santa Fe(*)
- CMA-CGM (America) LLC
- COSCO N.A./COSCO Container Lines Americas/COSCO Container Lines Co/China Ocean Shipping Co Amer.
- CSX Intermodal Terminals, Inc.(*)
- Canadian Nat/Illinois Central(VN110194)(*)
- Canadian Pacific Rwy-US (SOO Line/D&H)(*)
- China Shipping Container Line(*)(**)
- Compania Chilena De Navegacion(*)
- Compania Sud-Americana De Vapores (CSAV)(**)
- Eimskip USA, Inc.
- Evergreen Shipping Agency (America) Corp
- Galborg Pte Ltd (trading as GAL)(*)(**)
- Grand China Shipping (Yantai) Co. Ltd.
- Hamburg Sud North America, Inc.(*)
- Hanjin Shipping Co., Ltd.(*)(**)
- Hapag-Lloyd (America) Inc.(*)(**)
- Horizon Lines of Alaska, LLC(*)
- Horizon Lines, LLC(*)

AGENCY CUSTOMER ID: _____

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- Hyundai Merchant Marine, Inc.(**)
- Iowa Interstate Railroad
- K-line America, Inc. (Kawasaki Kisen Kaisha Ltd)(*)
- MOL (America), Inc.
- Maersk Line(*)
- Matson Navigation Company(*)(**)
- Mediterranean Shipping Company USA, Inc.(*)(**)
- Milestone Equipment Corporation(*)(**)
- Nippon Yusen Kaisha (NYK Line)(*)(**)
- Nordana Line(*)(**)
- Norfolk Southern Corporation(*)
- OOCL (USA), Inc.(*)(**)
- P O Shipping Co. Ltd.
- Pacer Stacktrain (Pacer Intl, Inc.)(*)(**)
- Pacific International Lines (Pte) Ltd.
- Raildecks, Inc.
- Safmarine Container Line, N.V.(*)
- Sea Star Line, LLC(*)(**)
- Somers Isles Shipping Ltd.(*)
- Swire Shipping
- T S Lines Ltd.
- The Containership Company (TCC)
- TransAtlantic Lines LLC(*)
- Turkon Container Transp. & Shipping Inc.
- US Lines LLC
- Union Pacific Railroad Company(**)
- United Arab Shipping Company(*)
- Virginia Intl Terminals-(Va.Inland Port)(*)(**)
- Wan Hai Lines Ltd.(*)
- Yangming Marine Transport(*)(**)
- Zim Amer Integrated Shipping Svcs Co Inc/Zim Integrated Shipping Svcs Ltd.(*)(**)

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FORM NUMBER: _____ FORM TITLE: ACORD CERTIFICATE OF INSURANCE

MOTOR CARRIER COMPANY NAME:
E.G. Gray Transportation Ltd.
ADDRESS:
100 Jamesco Drive, Unite 1
Peterborough, ON K9J 6X6
CAN
PHONE:
(705)745-2662
FAX:
(705)745-2835