



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

04/27/2026

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	Mcgriff a Marsh & McLennon Agency LLC Company	CONTACT NAME:	Jeremy Spitzack
	5400 SW Meadows Road	PHONE (A/C, No. Ext):	(503)943-6621
	Suite 240	FAX (A/C, No.):	(503)598-8523
	Lake Oswego OR 97035	E-MAIL ADDRESS:	jspitzack@mcgriff.com
	(503)943-6621 (503)598-8523	PRODUCER CUSTOMER ID #:	
INSURED	Hercules Forwarding LLC	INSURER(S) AFFORDING COVERAGE	
	2720 E 26th Street	INSURER A:	Ace American Insurance Company
		INSURER B:	Obsidian Pacific Insurance Company
	Vernon CA 90058	INSURER C:	Berkshire Hathaway Homestate Insurance Cc
	(323)263-6100 (323)263-6700	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 <input type="checkbox"/> DEDUCTIBLE \$ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/>	HDOG48963389	05/01/2026	05/01/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> DEDUCTIBLE \$ _____	LDT-AL-000001044-01	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 0 BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE (Per accident) \$ 0
A		CARGO PER VEHICLE DED \$ 0	N14432413008	05/01/2026	05/01/2027	LIMIT PER VEHICLE \$ 1,000,000
A		TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ 1,000	ISAH11432438	05/01/2026	05/01/2027	LIMIT PER TRAILER \$ 65,000
		<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 \$ _____ \$ _____ \$ _____
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y / N <input type="checkbox"/>	HEWC627053	10/01/2025	10/01/2026	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C		Employer's Liability	HEWC627053	10/01/2025	10/01/2026	0 DED/LIMIT \$ 1.0M/1.0M/1.0M 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.

AUTHORIZED REPRESENTATIVE Mcgriff a Marsh & McLennon Agency LLC Company - IA104556

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ADDITIONAL REMARKS SCHEDULE

AGENCY Mcgriff a Marsh & McLennon Agency LLC Company		NAMED INSURED Hercules Forwarding LLC
POLICY NUMBER		2720 E 26th Street, Vernon CA 90058
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(*)(**)
 ANL Singapore Pte. Ltd.
 American President Lines LLC
 BNSF Railway Company(*)
 Bermuda Container Line Limited(*)
 CMA-CGM (America) LLC
 COFC Logistics LLC
 CSX Intermodal Terminals, Inc. (*) (**)
 Canadian Natl/Illinois Central(VN110194)(*)
 Canadian Pacific Rwy-US (SOO Line/D&H)(*)
 Cosco Shipping Lines Co., Ltd./Cosco Shipping Lines (NA), Inc.
 Eimskip USA, Inc.
 Evergreen Shipping Agency (America) Corp(*) (**)



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ADDITIONAL REMARKS

<p>THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: _____ FORM TITLE: <u>ACORD CERTIFICATE OF INSURANCE</u></p> <p>HMM Co., Ltd. (formerly Hyundai Merchant Marine, Inc.)(**) Hapag-Lloyd (America) Inc.(*)(**) ITT FoodTrans LLC(*)(**) Interpool Inc. D/b/a Trac Intermodal, Its Affiliates, Subsidiaries And Chassis Lessors. (NON UIIA EP)(*)(**) Iowa Interstate Railroad Kansas City Southern Railway Company(*) MACS Maritime Carrier Shipping LLC(*)(**) Maersk Agency U.S.A. Inc. as agent for Maersk A/S(*) Matson Navigation Company(*)(**) Matson Navigation Company Of Alaska LLC(*) Mediterranean Shipping Company S. A.(*)(**) National Shipping Of America LLC(*) Norfolk Southern Corporation(*) North American Chassis Pool Cooperative LLC(*)(**) OOCL (USA), Inc. As Agent For Orient Overseas Container Line Limited & OOCL (Europe) Limited(*)(**) Pasha Hawaii Holdings LLC(*)(**) SM Line Corporation(*)(**) Sarjak Container Lines Pvt. Ltd. Schuyler Line Navigation Company Seaboard Marine Ltd.(*)(**) Somers Isles Shipping Ltd.(*) Swire Shipping Tote Maritime Puerto Rico LLC(*)(**) Turkon Container Transp. & Shipping Inc.</p>
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AGENCY CUSTOMER ID: _____

LOC#: _____



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Union Pacific Railroad Company(**)
 Virginia Intl Terminals-(Va.Inland Port)(*)(**)
 Wan Hai Lines Ltd.(*)
 XPO Stacktrain LLC(*)(**)
 Zim Amer Integrated Shipping Services Co. LLC(*)(**)

AGENCY CUSTOMER ID: _____

LOC#: _____



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MOTOR CARRIER COMPANY NAME:

Hercules Forwarding LLC

ADDRESS:

2720 E 26th Street,

Vernon, CA 90058

USA

PHONE

(323)263-6100

FAX

(323)263-6700