



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

09/29/2026

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 5400 SW Meadows Road Suite 240 Lake Oswego OR 97035 (503)943-6621 (501)748-3878	CONTACT NAME: Jeremy Spitzack PHONE (A/C, No, Ext): (503)943-6621 FAX (A/C, No): (501)748-3878 E-MAIL ADDRESS: jspitzack@mcgriff.com PRODUCER CUSTOMER ID #:																		
INSURED	Hercules Forwarding LLC 2720 E 26th Street Vernon CA 90058 (323)263-6100 (323)263-6700	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th><th>BEST RATING</th></tr><tr><td>INSURER A: Ace American Insurance Company</td><td>22667</td><td>A 07/14/2023</td></tr><tr><td>INSURER B: Berkshire Hathaway Homestate Insurance Cc</td><td>20044</td><td>A 07/01/2021</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	BEST RATING	INSURER A: Ace American Insurance Company	22667	A 07/14/2023	INSURER B: Berkshire Hathaway Homestate Insurance Cc	20044	A 07/01/2021	INSURER C:			INSURER D:			INSURER E:		
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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 ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ DEDUCTIBLE \$ GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐	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
A		AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ DEDUCTIBLE \$	ISAH11432438	10/01/2026	05/01/2027	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	N14432413009	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
		☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DEDUCTIBLE ☐ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y / N ☐	HEWC729285	10/01/2026	10/01/2027	☒ WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B		Employer's Liability	HEWC729285	10/01/2026	10/01/2027	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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AGENCY CUSTOMER ID: _____

LOC#: _____



ADDITIONAL REMARKS SCHEDULE

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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(*)(**)

BNSF Railway Company(*)

Bermuda Container Line Limited(*)

CSX Intermodal Terminals, Inc.(*)(**)

Canadian Natl/Illinois Central(VN110194)(*)

Canadian Pacific Rwy-US (SOO Line/D&H)(*)

Evergreen Shipping Agency (America) Corp(*)(**)

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)(*)(**)

Kansas City Southern Railway Company(*)

MACS Maritime Carrier Shipping LLC(*)(**)

AGENCY CUSTOMER ID: _____

LOC#: _____



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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(*)(**)
 Seaboard Marine Ltd. (*)(**)
 Somers Isles Shipping Ltd. (*)
 Tote Maritime Puerto Rico LLC(*)(**)
 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