



INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

12/01/2016

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	Keenan Suggs 700 Huger Street, Ste. 100 Columbia SC 29201 (803)799-5533 (803)771-0166	CONTACT NAME: Agent Handling Acct. for Motor Carrier PHONE (A/C, No. Ext): (803)799-5533 FAX (A/C, No.): (803)771-0166 E-MAIL ADDRESS: noone@nobody.com PRODUCER CUSTOMER ID #:
	INSURED	INSURER(S) AFFORDING COVERAGE
INSURED	Paper Logistics Inc. 100 S. Harris Road Piedmont SC 29673-0001 (864)527-5160 (864)277-3992	INSURER A: Charter Oak Fire Insurance Company 25615 A++ 05/2
		INSURER B: Travelers Property Casualty Co of Amer 25674 A++ 05/2
		INSURER C: Travelers Indemnity Co of America 25666 A++ 05/2
		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"/>	Y6301F847440COF16	12/01/2016	12/01/2017	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 \$ 2,000,000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> DEDUCTIBLE \$ _____	MR1F84744016CAG	12/01/2016	12/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 0 BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE (Per accident) \$ 0
B		CARGO PER VEHICLE DED \$ 2,500	QT66090917449TIL16	12/01/2016	12/01/2017	LIMIT PER VEHICLE \$ 100,000
B		TRAILER INTERCHANGE PHYSICAL DAMAGE PER TRAILER DED \$ 1,000	MR1F84744016CAG	12/01/2016	12/01/2017	LIMIT PER TRAILER \$ 50,000
		<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"/>	YHUB1F84744016	12/01/2016	12/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 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

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 Keenan Suggs - IA004580

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS

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AGENCY Keenan Suggs		NAMED INSURED Paper Logistics Inc.	
POLICY NUMBER		100 S. Harris Road Piedmont SC 29673-0001	
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

APL Limited(*)(**)
 CMA-CGM (America) LLC
 COSCO N.A./COSCO Container Lines Americas/COSCO Container Lines Co/China Ocean Shipping Co Amer.
 Evergreen Shipping Agency (America) Corp(*)(**)
 Hanjin Shipping Co., Ltd. (*)(**)
 Hapag-Lloyd (America) Inc. (*)(**)
 Maersk Agency USA, Inc. As Agent AP Moller-Maersk (Maersk Line/Safmarine/Maersk Domestic/Sealand)(*)
 Mediterranean Shipping Company S. A. (*)(**)
 Norfolk Southern Corporation(*)
 OOCL (USA), Inc. As Agent For Orient Overseas Container Line Limited & OOCL (Europe) Limited(*)(**)
 US Lines LLC

MOTOR CARRIER COMPANY NAME:
 Paper Logistics Inc.
 ADDRESS:
 100 S. Harris Road
 Piedmont, SC 29673-0001
 USA
 PHONE:
 (864)527-5160
 FAX:

AGENCY CUSTOMER ID: _____

LOC #: _____



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FORM NUMBER: _____ FORM TITLE: ACORD CERTIFICATE OF INSURANCE

(864)277-3992