



Dear Valued Customer,

As per the terms and conditions outlined in our Interchange Agreement, you are required to provide a certificate of liability insurance for any chassis rented from American Intermodal Management.

You are required to have the below insurance coverage:

Commercial General Liability - \$1,000,000

Automobile Liability* - \$1,000,000

Trailer Interchange – at least \$25,000

*Policy must cover all trucks in a fleet

The certificate holder must be per the below:

American Intermodal Management, LLC

13951 N Scottsdale Rd

Suite 220

Scottsdale, AZ 85254

Once completed, this updated Certificate of Liability Insurance can be sent to the below email addresses:

Operations@aimchassis.com

If you have any questions, please feel free to reach out to AIM at 602-362-1159.

Sincerely,

American Intermodal Management, LLC

E: Operations@aimchassis.com

O: 602-362-1159

SAMPLE CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">CONTACT NAME:</td></tr> <tr><td>PHONE (A/C No, ext):</td><td>FAX (A/C, No):</td></tr> <tr><td colspan="2">E-MAIL ADDRESS:</td></tr> <tr><td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td></tr> <tr><td colspan="2" style="text-align: center;">NAIC #</td></tr> </table>	CONTACT NAME:		PHONE (A/C No, ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		NAIC #			
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PHONE (A/C No, ext):	FAX (A/C, No):												
E-MAIL ADDRESS:													
INSURER(S) AFFORDING COVERAGE													
NAIC #													
INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>INSURER A:</td><td style="text-align: center; color: red; font-weight: bold;">A</td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> <tr><td>INSURER F:</td><td></td></tr> </table>	INSURER A:	A	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE LINE	TYPE OF INSURANCE	ADDITIONAL INSURANCE	SUBSIDIARY	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			B		C	EACH OCCURRENCE \$ 1,000,000 D
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						DAMAGE TO RENTED PREMISES (Eq occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
E	AUTOMOBILE LIABILITY						COVERED SINGLE LIMIT (Eq accident) \$ 1,000,000 F BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N N/A						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> B.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Trailer Interchange					G	Limit \$27,000 minimum

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

American Intermodal Management, LLC is listed as an additional Named Assured as respects to the coverage listed above.
 Waiver of subrogation applies in favor of certificate holder.

CERTIFICATE HOLDER American Intermodal Management, LLC 13951 N. Scottsdale Road Suite 220 Scottsdale, AZ 85254 H	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 
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- A) Insurer NAIC # needs to be listed
- B) Policy numbers for box A, B and C needs to be listed
- C) Policy expiration needs to show an active date and not already expired
- D) Commercial General Liability limit needs to exceed \$1,000,000
- E) “Any Auto” needs to be selected
- F) Automotive Liability limit needs to exceed \$1,000,000
- G) Trailer Interchange limit needs to be at least \$25,000
- H) Certificate Holder needs to be listed as below:

American Intermodal Management, LLC
13951 N Scottsdale Rd, Ste 220
Scottsdale, AZ 85254