

ACORD 22 (2016/03) - Intermodal Interchange Certificate of Insurance

ACORD 22, Intermodal Interchange Certificate of Insurance, is used to provide a coverage statement to the Intermodal Association of North America (IANA) when coverage being provided includes the Truckers Uniform Intermodal Interchange Endorsement (Form UIIE-1 or CA-23-17 equivalent). Certificate preparers can check the insurance section of the UIIA's website at www.uiia.org for further information.

IMPORTANT

ACORD is required to file certificates, on behalf of form users, in a number of states. Please access the ACORD website to download the Forms Filing Requirements document for complete details.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No. (A/C, No, Ext)	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Producer Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Insured Name and Address	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.

IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
INSURERS AFFORDING COVERAGE	Insurer A	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
NAIC #	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
BEST RATING	Best Rating	Enter code: The AM Best rating code for the insurer.
INSURERS AFFORDING COVERAGE	Insurer B	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
NAIC #	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
BEST RATING	Best Rating	Enter code: The AM Best rating code for the insurer.
INSURERS AFFORDING COVERAGE	Insurer C	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
NAIC #	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
BEST RATING	Best Rating	Enter code: The AM Best rating code for the insurer.
INSURERS AFFORDING COVERAGE	Insurer D	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
NAIC #	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
BEST RATING	Best Rating	Enter code: The AM Best rating code for the insurer.
INSURERS AFFORDING COVERAGE	Insurer E	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
NAIC #	NAIC #	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
BEST RATING	Best Rating	Enter code: The AM Best rating code for the insurer.
COVERAGE INFORMATION	Insr Ltr General Liability	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the general liability policy.

COVERAGE INFORMATION	Addl Insr General Liability	Check the box (if applicable): Indicates the certificate holder has been named as an additional insured for any of the commercial general liability policy coverages described in the certificate.
COVERAGE INFORMATION	Commercial General Liability	Check the box (if applicable): Indicates the claims made or occurrence option applies for the general liability policy.
COVERAGE INFORMATION	Claims-Made	Check the box (if applicable): Indicates the "claims made" option applies on the general liability policy.
COVERAGE INFORMATION	Occur	Check the box (if applicable): Indicates the general liability policy, occurrence basis applies.
COVERAGE INFORMATION	Other General Liability Checkbox	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGE INFORMATION	Other General Liability Description	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Other General Liability Checkbox	Check the box (if applicable): Indicates other coverage not found on the form exists for the general liability policy.
COVERAGE INFORMATION	Other General Liability Description	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	General Aggregate Limit Applies Per: - Policy	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies per policy.
COVERAGE INFORMATION	General Aggregate Limit Applies Per: - Other	Check the box (if applicable): Indicates the general liability policy, general aggregate limit applies to option is other than those listed on the form.
COVERAGE INFORMATION	General Aggregate Limit Applies Per: - Other Description	Enter text: The description of the other option to which the general liability policy, general aggregate limit applies.
COVERAGE INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the general liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGE INFORMATION	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the general liability policy. The date that the terms and conditions of the policy commence.
COVERAGE INFORMATION	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the general liability policy will expire.
COVERAGE INFORMATION	Each Occurrence	Enter limit: The general liability, each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

COVERAGE INFORMATION	Damage to Rented Premises	Enter limit: The general liability, damage to rented premises each occurrence limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Med Exp	Enter limit: The general liability, medical expense each person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Personal & Adv Injury	Enter limit: The general liability, personal and advertising injury limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	General Aggregate	Enter limit: The general liability, general aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Products - Comp/Op Agg	Enter limit: The general liability, products and completed operations aggregate limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Other Coverage Description	Enter text: The description of other coverage (not the limit) on the general liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Other Limit	Enter limit: The general liability, other coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the policy.
COVERAGE INFORMATION	Addl Insr	Check the box (if applicable): Indicates the certificate holder has been named as an additional insured for any of the vehicle policy coverages described in the certificate.
COVERAGE INFORMATION	Any Auto	Check the box (if applicable): Indicates the commercial vehicle policy covers any auto.
COVERAGE INFORMATION	All Owned Autos	Check the box (if applicable): Indicates the commercial vehicle policy covers owned autos only.
COVERAGE INFORMATION	Scheduled Autos	Check the box (if applicable): Indicates the vehicle policy covers scheduled autos.
COVERAGE INFORMATION	Hired Autos	Check the box (if applicable): Indicates the vehicle policy covers hired autos only.
COVERAGE INFORMATION	Non-Owned Autos	Check the box (if applicable): Indicates the vehicle policy covers non-owned autos only.
COVERAGE INFORMATION	Other Automobile Liability	Check the box (if applicable): Indicates the vehicle policy covers autos other than those listed.
COVERAGE INFORMATION	Other Automobile Liability	Enter text: The description of the other covered autos.
COVERAGE INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the automobile liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.

COVERAGE INFORMATION	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the automobile liability policy. The date that the terms and conditions of the policy commence.
COVERAGE INFORMATION	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the automobile liability policy will expire.
COVERAGE INFORMATION	Combined Single Limit	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Bodily Injury (Per Person)	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Bodily Injury (Per Accident)	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Property Damage	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the motor truck cargo policy.
COVERAGE INFORMATION	Addl Insr	Check the box (if applicable): Indicates the certificate holder has been named as an additional insured for any of the motor truck cargo policy coverages described in the certificate.
COVERAGE INFORMATION	Per Vehicle Ded	Enter deductible: The deductible amount for the coverage.
COVERAGE INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the cargo policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGE INFORMATION	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the cargo policy. The date that the terms and conditions of the policy commence.
COVERAGE INFORMATION	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the cargo policy will expire.
COVERAGE INFORMATION	Limits	Enter limit: The cargo limit amount.
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the trailer interchange portion of the vehicle policy.
COVERAGE INFORMATION	Addl Insr	Check the box (if applicable): Indicates the certificate holder has been named as an additional insured for any of the trailer interchange coverages described in the certificate.
COVERAGE INFORMATION	Per Trailer Ded	Enter deductible: The deductible amount applicable to trailer interchange collision coverage.
COVERAGE INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the trailer interchange physical damage policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.

COVERAGE INFORMATION	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the trailer interchange physical damage policy. The date that the terms and conditions of the policy commence.
COVERAGE INFORMATION	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the trailer interchange physical damage policy will expire.
COVERAGE INFORMATION	Limit Per Trailer	Enter limit: The per trailer limit amount for trailer interchange collision coverage.
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial excess or umbrella liability policy.
COVERAGE INFORMATION	Addl Insr	Check the box (if applicable): Indicates the certificate holder has been named as an additional insured for any of the commercial excess or umbrella liability policy coverages described in the certificate.
COVERAGE INFORMATION	Umbrella Liab	Check the box (if applicable): Indicates the type of policy is umbrella. As used here, if evidencing an umbrella coverage, underlying policy number(s), term(s) and line(s) of business may be listed on an ACORD 101.
COVERAGE INFORMATION	Excess Liab	Check the box (if applicable): Indicates the type of policy is excess. As used here, if evidencing an excess coverage, underlying policy number(s), term(s) and line(s) of business may be listed on an ACORD 101.
COVERAGE INFORMATION	Occur	Check the box (if applicable): Indicates "coverage trigger" is on an occurrence basis on an excess or umbrella liability policy.
COVERAGE INFORMATION	Claims-Made	Check the box (if applicable): Indicates the "coverage trigger" is on a claims-made basis on an excess or umbrella liability policy.
COVERAGE INFORMATION	Deductible	Check the box (if applicable): Indicates a deductible amount applies to the excess or umbrella liability policy.
COVERAGE INFORMATION	Retention	Check the box (if applicable): Indicates a retention amount applies to the excess or umbrella liability policy.
COVERAGE INFORMATION	Amount \$	Enter deductible: The excess or umbrella liability deductible or retention amount.
COVERAGE INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the excess liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGE INFORMATION	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the excess liability policy. The date that the terms and conditions of the policy commence.
COVERAGE INFORMATION	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the excess liability policy will expire.
COVERAGE INFORMATION	Each Occurrence	Enter limit: The excess or umbrella liability each occurrence limit.

COVERAGE INFORMATION	Aggregate	Enter limit: The excess or umbrella liability aggregate limit should be listed as whole dollar amount, as governed by the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Other Coverage Description	Enter text: The description of other coverage (not the limit) on the excess or umbrella liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Other Limit Amount	Enter limit: The excess or umbrella liability other coverage limit should be listed as a whole dollar amount, as governed by the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Other Coverage Description	Enter text: The description of other coverage (not the limit) on the excess or umbrella liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Other Limit Amount	Enter limit: The excess or umbrella liability other coverage limit should be listed as a whole dollar amount, as governed by the policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the commercial workers compensation and employers liability policy.
COVERAGE INFORMATION	Type of Insurance - Workers Compensation and Employers' Liability	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether the workers compensation and employers liability policy excludes any proprietor, partner, executive officer, or member. As used here, the DESCRIPTION OF OPERATIONS section is available, if needed, to provide details of an "Yes" response. In NH, if "Yes" response is indicated, it is mandatory to provide corresponding details in the DESCRIPTION OF OPERATIONS section.
COVERAGE INFORMATION	Policy Number	Enter identifier: The identifier assigned by the insurer to the workers' compensation and employers liability policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
COVERAGE INFORMATION	Policy Effective Date (MM/DD/YYYY)	Enter date: The effective date of the workers' compensation and employers liability policy. The date that the terms and conditions of the policy commence.
COVERAGE INFORMATION	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the workers' compensation and employers liability policy will expire.
COVERAGE INFORMATION	WC Statutory Limits	Check the box (if applicable): Indicates that workers compensation coverage is per statute.
COVERAGE INFORMATION	Other	Check the box (if applicable): Indicates that additional coverage above the workers compensation statutory limits applies (permitted in some states).
COVERAGE INFORMATION	Field Box	Enter text: The description of other coverage (not the limit) on the workers compensation and employers liability policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s). As used here, the DESCRIPTION OF OPERATIONS section is available if more space is required.

COVERAGE INFORMATION	E.L. Each Accident	Enter limit: The workers compensation and employers liability policy, employers liability each accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	E.L. Disease - Ea Employee	Enter limit: The workers compensation and employers liability policy, employers liability disease each employee limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	E.L. Disease - Policy Limit	Enter limit: The workers compensation and employers liability policy, employers liability disease policy limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	Insr Ltr	Enter code: The Company Letter of the insurer, as identified in the "Insurer(s) Affording Coverage" form section, associated with the other policy.
COVERAGE INFORMATION	Type of Insurance - Other	Enter text: The description of the other policy not listed on the form.
COVERAGE INFORMATION	Policy Number	Enter identifier: The other policy number exactly as it appears on the policy, including prefix and suffix symbols.
COVERAGE INFORMATION	Policy Effective Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the other policy commence.
COVERAGE INFORMATION	Policy Expiration Date (MM/DD/YYYY)	Enter date: The date on which the terms and conditions of the other policy expires.
COVERAGE INFORMATION	Coverage Code	Enter code: The coverage code for the other policy.
COVERAGE INFORMATION	Limits	Enter limit: The other policy, coverage limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGE INFORMATION	The Truckers Uniform Intermodal Interchange Endorsement	Check the box (if applicable): Indicates 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.
COVERAGE INFORMATION	Description of Operations / Locations / Vehicles / Exclusions Added by Endorsement / Special Provisions	Enter text: The Certificate Of Liability Insurance general remarks. The additional comments or special conditions that may exist upon the policy. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
SIGNATURE	Authorized Representative	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states. As used here, please note that insureds may be subject to cancellation requirements as a result of their participation in the Uniform Intermodal Interchange & Facilities Access Agreement (UIIA). Certificate preparers can check the insurance section of the UIIA's website at www.uiia.org for more information.