



Certificate of Liability Insurance Requirements
For Motor Carriers interchanging equipment with
Direct ChassisLink, Inc.

Please ask your insurance producer to issue an Acord 25 certificate detailing the following coverage's by email to insurance@dcli.com or by Fax to 704-571-5297

Auto Liability

Commercial automobile insurance policy with a combines single limit of \$1,000,000 or greater, insuring all Intermodal Chassis provided to Motor Carrier.

Please Note:

Auto Liability with a CSL (combined single limit) of \$1 million. Auto Policy must be marked as either an "ANY AUTO" or "SCHEDULED AND HIRED" policy. We cannot accept just a "SCHEDULED ONLY" auto policy.

General Liability:

Commercial General Liability Insurance with a combined single limit of \$2,000,000 per occurrence or greater, of which no portion can be self-insured.

Trailer Interchange Insurance:

Trailer Interchange Insurance, including collision, with a limit not less than an amount equal to the value of all interchanged equipment hereunder but in all circumstances not less than \$40,000.

Additional Insured:

Direct ChassisLink, Inc. must be named as Additional Insured for General Liability and Automobile Liability.

Please ask the producer to state the additional insured language as follows:

Direct ChassisLink, Inc. has been named an Additional Insured as respects the coverage's listed above.

Certificate Holder/Notify Party and Certificate Holder (Notify Party). Should read:

Direct ChassisLink, Inc.
3525 Whitehall Park Dr.
Ste 400
Charlotte, NC 28273

Notice of a cancellation or modification or material alteration (e.g., coverage reduced, limits decreased or additional insured removed) of the policies shall be given to DCLI at least 30 days prior to cancellation or modification.

Please note the following:

We do NOT require proof of Workman's Compensation Insurance, Cargo Insurance, Warehouse Insurance, etc., only the three coverage's specified in the contract. Please ask your insurance producer to send only the coverages that are required.

Special Coverage:

Unless your firm is involved in:

Carriage of hazardous substances as defined in 49 C.F.R. 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capabilities in excess of 3,500 water gallons, or in bulk Class A or B explosives, poison gas (Poison A), liquefied compressed gas, or highway route controlled quality radioactive materials as defined in 49 C.F.R. 173.403,

You need not concern yourself with the special \$5,000,000 CSL coverage that is mentioned in the contract unless you are carrying materials cited in the 49 C.F.R..

Please direct any questions to:

insurance@dcli.com (704-594-3738)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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			CONTACT		
Insurance Agency name			Insurance Agency contact		
Insurance Agency Address			PHONE A/C, No, Ext): Insurance Agency Ph#		FAX A/C, No): Fax#:
City, State, Zip			E-MAIL ADDRESS: Insurance agency email		
INSURED			INSURER(S) AFFORDING COVERAGE		NAIC #
Your Company Name Your Company Address City, State, Zip			INSURER A: Insurance Carrier Name		enter NAIC
			INSURER B: Insurance Carrier Name		enter NAIC
			INSURER C: Insurance Carrier Name		enter NAIC
			INSURER D:		
			INSURER E:		
		INSURER F:			

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.

INSR LTR	TYPE OF INSURANCE	ADDT INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Policy Number here	eff date	exp date	EACH OCCURRENCE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			Policy Number here	eff date	exp date	PERSONAL & ADV INJURY	\$
	SCHEDULED AUTOS NON-OWNED AUTOS						GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PROPERTY DAMAGE (Per accident)	\$
							WC STATUTORY LIMITS	
							OTHER	
C	Trailer Interchange			Policy Number her	eff date	exp date	E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Direct Chassis Link, Inc has been named as an Additional Insured as respects to the coverage listed above.

CERTIFICATE HOLDER	CANCELLATION
Direct Chassis Link, Inc 3525 Whitehall Park Drive Ste 400 Charlotte NC 28273	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 Signature Here