CERTIFICATE OF WAREHOUSEMEN'S LEGAL LIABILITY INSURANCE

(DoD Directive 4500.9R)

This is to certify that a policy is now in force and includes insurance for Warehousemen's Legal Liability as required for property accepted and stored by a Non-Temporary Storage (NTS) Service Provider (SP) under Tender of Service with any governmental agency under Public Law 87-649 (or any other subsequent to Public Law 245) is provided in an amount <u>not less than \$ 6.00 times the number of pounds in storage</u> at the time of loss subject to the limit(s) of liability specified below. A minimum per lot limit of liability of \$6.00 times the net weight of the lot is mandatory.

| Type all information except signature. | | | | | |
|--|-----------------|---|---|---------------------------|--|
| 1. INSURANCE COMPANY | | 2. NTS SP | | | |
| 1a. NAME | | 2a. NAME | | | |
| 1b. ADDRESS (Number, Street, City, State and ZIP Code) | | 2b. ADDRESS (Number, Street, City, State and ZIP Code) | | | |
| place of i | | | VE DATE (DDMMYYYY) (12:01 a.m. Standard Time at the ssuance and continuing until cancelled as provided for in paragraph | | |
| 5a. ADDRESS OF FACILITIES | | | 5b. FACILITIES LIMIT OF LIABILITY | | |
| (1) | | | \$ | | |
| (2) | | | \$ | | |
| (3) | | | \$ | | |
| Deductions under this policy are applied on an occurrence ba | asis and sh | all not exceed \$10 | 0.00. Deductible amount | : | |
| \$ If the NTS SP may be liable, the cor | | | | | |
| | | | | | |
| company assumes responsibility to see that the claim receive payment in full to the extent of that liability. | es prompt a | attention, including | the determination of the | NTS SP's liability, and | |
| Lack of cooperation from the NTS SP for any reason (including from the claimant affidavits or other supporting documentation) | | | | ne company shall seek | |
| When requested by the Storage Management Branch Progra of said policy and all endorsements thereto. The Storage Ma insurance companies if they fail to provide adequate protection | inagement l | | | | |
| This certificate may not be cancelled without cancellation of scompany or the NTS SP only by giving thirty (30) days notice | | | or any material change n | nay be effected by the | |
| HQ, USTRANSCOM, STORAGE BRANCH, 50 transcom.s | | DR., BLDG 1900W bx.pp-smo@mail | | AFB, IL 62225 | |
| Such notice will commence to run from the date said notice is | s actually re | eceived. | | | |
| Insurance and surety companies must be legally authorized to NTS SP is authorized to operate or be authorized to issue su. The underwriter of warehousemen's legal liability insurance r | uch policies | in the state in which | ch the NTS SP has its pri | ncipal place of business. | |
| 6. ISSUING OFFICE | | | | | |
| 6a. NAME OF INSURANCE COMPANY/UNDERWRITER/AGENT | | 6b. ADDRESS (Number, Street, City, State, and ZIP Code) | | | |
| 6c. TELEPHONE NUMBER (Include area code) | | | | | |
| 6d. NAME OF AUTHORIZED REPRESENTATIVE (Last, First, Middle) 6e. SIG | F AUTHORIZED RE | PRESENTATIVE | 6f. DATE SIGNED (DDMMYYYY) | | |
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