

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/06/2018

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 STWANDED, 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).

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PRODUCER Marsh USA Inc.		4 /	4 /. 2010			CONTACT NAME:				
1717 Arch Street	NUA	17	1 4 2018			PHONE FAX (A/C, No, Ext): (A/C, No):				
Philadelphia, PA 19103	marsh com				E-MAIL ADDRE					
Attn: Philadelphia.certs@mlarsh.com CN101924481Railr-18-19 INSURED Assistance Assistance Assistance Assistance Assistance					INSURER(S) AFFORDING COVERAGE			NAIC#		
CN101924481-Railr-18-19 South Program					INSURER A: National Union Fire Ins Co. of Pittsburgh PA				19445	
INSURED The Bay Line Railroad LL	C LONG CONTRACTOR CONT	DO Mariament of thinkey in the	ACCREAMENT AT N	Colonial Bell The Law Colon By Linds By Colonial	INSURER B : Lexington Insurance Company					
c/o Genesee & Wyoming					INSURER C :					
20 West Avenue Darien, CT 06820						INSURER D:				
Durion, OT 90020						INSURER E :				
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:				CLE-005559004-43 REVISION NUMBER: 5						
INDICATED. NOTWI CERTIFICATE MAY EXCLUSIONS AND C	THSTANDING ANY R BE ISSUED OR MAY	PERTA POLIC	EMEN AIN, T CIES. L	IT, TERM OR CONDITION	OF AN	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR TYPE OF	INSURANCE	ADDL S INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
CLAIMS-MA	DE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	
POLICY	RO- ECT LOC							PRODUCTS - COMP/OP AGG	\$	
OTHER:									\$	
A AUTOMOBILE LIABIL	TY		(CA3584747 (AOS)		11/01/2018	11/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
A X ANY AUTO			(CA3584746 (MA)		11/01/2018	11/01/2019	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY								BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY	X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
UMBRELLA LIAE	OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
DED RET	ENTION\$								\$	
WORKERS COMPENS	DII ITV							PER OTH- STATUTE ER		
ANYPROPRIETOR/PAR OFFICER/MEMBER EXC	TNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPE	RATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
B Railroad Liability			0	026022521		11/01/2018	11/01/2019	Per Occurrence		25,000,000
Claims Made								Annual Aggregate		25,000,000
DESCRIPTION OF OPERATION	ONS / LOCATIONS / VEHIC	LES (AC	CORD 1	I01, Additional Remarks Schedu	le, may be	attached if more	space is require	ed)		
DESCRIPTION OF OPERATION	ONS / LOCATIONS / VEHIC	CLES (AC	CORD 1	101, Additional Remarks Schedu	le, may be	attached if more	space is require	id)		
CERTIFICATE HOLD	DER				CANC	ELLATION			100	
State of Florida Attn: Sebrena Bolton	= <u> </u>				SHO	ULD ANY OF T		ESCRIBED POLICIES BE CA		
Department of Environment	ntal Protection							Y PROVISIONS.	, DEI	יייירעבט ווי

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Mariaoni Mulcherjee

2600 Blair Stone Road MS 4550 Tallahassee, FL 32399

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc. Manashi Mukherjee AGENCY CUSTOMER ID: CN101924481

LOC #: Philadelphia



ADDITIONAL REMARKS SCHEDULE

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			· — —
AGENCY Marsh USA Inc.		NAMED INSURED The Bay Line Railroad LLC c/o Genesee & Wyoming Inc.	
POLICY NUMBER		20 West Avenue Darien, CT 06820	
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	
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ADDITIONAL REMARKS

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

Primary Railroad Liability:
SIR: \$2,500,000 except \$100,000 for American Rock Salt
Foreign Rolling Stock and Bill of Lading Coverages: \$5,000,000 Each Occurrence

Coverages include: BI, PD, FELA, xs AL, xs FRS, xs BOL, xsEL