

CERTIFICATE OF WAREHOUSEMEN'S LEGAL LIABILITY INSURANCE

(DoD Directive 4500.9R)

OMB No. 0704-0531
OMB approval expires
September 30, 2028

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0531, is estimated to average five (5) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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 **not less than \$ 6.00 times the number of pounds in storage** 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)	
3. POLICY NUMBER		4. EFFECTIVE DATE (DDMMYYYY) (12:01 a.m. Standard Time at the place of issuance and continuing until cancelled as provided for in paragraph 5 below.)	

5a. ADDRESS OF FACILITIES	5b. FACILITIES LIMIT OF LIABILITY
(1)	\$
(2)	\$
(3)	\$

Deductions under this policy are applied on an occurrence basis and shall not exceed \$100.00. Deductible amount:
\$ _____ If the NTS SP may be liable, the company may be liable. If the NTS SP cannot or does not handle a claim, the company assumes responsibility to see that the claim receives prompt attention, including the determination of the NTS SP's liability, and payment in full to the extent of that liability.

Lack of cooperation from the NTS SP for any reason (including NTS SP bankruptcy) is no defense. If necessary, the company shall seek from the claimant affidavits or other supporting documentation to permit a determination of liability.

When requested by the Storage Management Branch Program Manager (PM), the company will provide, within (30) days, a duplicate original of said policy and all endorsements thereto. The Storage Management Branch PM reserves the right to reject certificates of insurance from insurance companies if they fail to provide adequate protection.

This certificate may not be cancelled without cancellation of said policy. Such cancellation or any material change may be effected by the company or the NTS SP only by giving thirty (30) days notice in writing to the:

HQ, USTRANSCOM, STORAGE BRANCH, 508 SCOTT DR., BLDG 1900W, ROOM 1006, SCOTT AFB, IL 62225
transcom.scott.tc9.mbx.pp-smo@mail.mil

Such notice will commence to run from the date said notice is actually received.

Insurance and surety companies must be legally authorized to issue policies of warehousemen's legal liability insurance in each state that the NTS SP is authorized to operate or be authorized to issue such policies in the state in which the NTS SP has its principal place of business. The underwriter of warehousemen's legal liability insurance must have a policyholder's rating of "A" or better in Best's Insurance Guide.

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. SIGNATURE OF AUTHORIZED REPRESENTATIVE	6f. DATE SIGNED (DDMMYYYY)