



CERTIFICATE OF MARINE / ENERGY INSURANCE

127808

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 NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
INSURER C :		
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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	HULL AND MACHINERY						PER SCHEDULE ON FILE
	<input type="checkbox"/> COLLISION LIABILITY						INSURED VALUE \$
	<input type="checkbox"/> TOWERS LIABILITY						COLLISION (Ea occurrence) \$
							TOWERS (Ea occurrence) \$
							\$
	PROTECTION AND INDEMNITY						PER CLUB RULES
	<input type="checkbox"/> CREW LIABILITY <input type="checkbox"/> JONES ACT						EA OCCURRENCE PER VESSEL, CSL \$
	<input type="checkbox"/> COLLISION LIABILITY						COLLISION (Ea occ), CSL \$
	<input type="checkbox"/> TOWERS LIABILITY						TOWERS (Ea occ), CSL \$
	<input type="checkbox"/> REMOVAL OF WRECK						REMOVAL OF WRECK (Ea occurrence) \$
	<input type="checkbox"/> IN REM						\$
							\$
							\$
							\$
	POLLUTION LIABILITY						EA OCCURRENCE \$
	<input type="checkbox"/> OPA 90						\$
	<input type="checkbox"/> CERCLA						\$
	<input type="checkbox"/> NON-OPA / NON-CERCLA						\$
							\$
	MARITIME EMPLOYERS LIABILITY						ANY ONE PERSON \$
	<input type="checkbox"/> ALTERNATE EMPLOYER						ANY ONE ACCIDENT \$
	INCLUDES <input type="checkbox"/> CREW <input type="checkbox"/> EMPS						\$
	<input type="checkbox"/> JONES ACT						\$
	<input type="checkbox"/> DEATH ON THE HIGH SEAS						\$
	<input type="checkbox"/> IN REM ENDORSEMENT						\$
							\$
							\$
							\$

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
MAY 21 2013

CERTIFICATE HOLDER **CANCELLATION**

CERTIFICATE HOLDER	SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

COVERAGES

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY MARINE GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP / OP AGG \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> USL&H ENDORSEMENT <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT		N/A				E.L. (Each accident) \$ E.L. DISEASE (Ea employee) \$ E.L. DISEASE - POLICY LIMIT \$ \$ \$ \$ \$
	U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. (Each accident) \$ E.L. DISEASE (Ea employee) \$ E.L. DISEASE - ANN AGG \$ \$
	AIRCRAFT LIABILITY <input type="checkbox"/> OWNED AIRCRAFT <input type="checkbox"/> NON-OWNED AIRCRAFT <input type="checkbox"/> PASSENGER LIABILITY						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	UMBRELLA / EXCESS LIAB / BUMBERSHOOT <input type="checkbox"/> UMBRELLA <input type="checkbox"/> BUMBERSHOOT <input type="checkbox"/> EXCESS <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	ENERGY CONTROL OF WELL / OPERATORS EXTRA EXPENSE <input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC) OFFSHORE OIL AND GAS PROPERTY <input type="checkbox"/> PLATFORMS <input type="checkbox"/> PIPELINES ONSHORE OIL AND GAS PROPERTY <input type="checkbox"/> OIL & GAS PROPERTY <input type="checkbox"/> CONTRACTORS EQUIPMENT NAMED WINDSTORM <input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE						CSL, ANY ONE OCCURRENCE (100% interest) \$ ANY ONE OCCURRENCE (100% interest) \$ VALUES AS SCHEDULED \$ VALUES AS SCHEDULED \$ \$ \$ VALUES AS SCHEDULED \$ VALUES AS SCHEDULED \$ \$ AGGREGATE \$
VESSEL(S):		AS PER ATTACHED SCHEDULE		AS DETAILED IN THE DESCRIPTION OF OPERATIONS			
DESCRIPTION OF OPERATIONS / LOCATIONS (ACORD 101, Additional Remarks Schedule, may be attached, if more space is required)							

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