Certificate Holder:　　Certificate Holder name
Address
City, State Zip　　　　　*(Fax# or Email)*

CERTIFICATE OF INSURANCE

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.

Assured:　　　　　　*Name of Assured/Insured*
Address
City, State, Zip

From:　　　　<u>Policy Effective Date(s)</u> to <u>Policy Expiration Date(s)</u>

Schedule of Vessels:　1) _____　　5) _____
(values as agreed)　　2) _____　　6) _____
　　　　　　　　3) _____　　7) _____
　　　　　　　　4) _____　　8) _____

Limits:

1) Hull & Machinery:　　　As per agreed value
2) Protection & Indemnity:　$_____
3) Marine General Liability:　$_____　General Aggregate
　　　　　　　　　　$_____　Per Occurrence
　　　　　　　　　　$_____　Products/Completed Operations
　　　　　　　　　　$_____　Fire Damage
　　　　　　　　　　$_____　Medical Expense
4) Pollution　　　　　$_____　As per scheduled vessels
5) Maritime Employers Liability　$_____
6) Workers Compensation　Statutory limits　(Includes USL&H..*delete if not applicable*)
　　　　　　　　　　$_____　Employers Liability
7) Contractors Equipment　As per schedule
8) Bumbershoot　　　　$_____　Excess of $_____
9) Bumbershoot　　　　$_____

Terms and Conditions of the policies: *<OPTIONAL WORDING (to be added ONLY if holder is asked to be added for AI or Waiver and the policy is endorsed as such) Certificate holder is named as Additional Insured and afforded a Waiver of Subrogation as respects _____ policy(ies). >*

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

Underwriters:
1) _____ Policy #_____　　6) _____ Policy #_____
2) _____ Policy #_____　　7) _____ Policy #_____
3) _____ Policy #_____　　8) _____ Policy #_____
4) _____ Policy #_____　　9) _____ Policy #_____
5) _____ Policy #_____
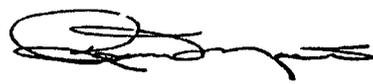
Date: _____　　　　**By:** _____
　　　　　　　　　　　　　　　　MaximGroup

State of Louisiana approval: LDI COI 272307 05 11　　　*State of Texas approval: TDI COI 118208-1/12*

Insurance | Benefits | Risk Management | Financial Services

MaximGroup
more than a plan.

18050 Saturn Lane, Suite 200
Houston, Texas 77058
phone 281.337.2516
fax 281.337.2078
maximblue.com