

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2014

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).

	Plus in the control of such endorsem	ent(s).	CONT	ACT					
PRODUCER MARSH USA, INC.				NAME	NAME:					
401 S BOSTON AVE., STE 850				PHONE FAX (A/C, No. Ext): (A/C, No. Ext): E-MAIL (A/C, No. Ext): (A/C, No. Ext): E-MAIL (A/C, No. Ext): (A/C, No. Ext): E-MAIL (A/C, No. Ext): (A/C, No. Ext):						
TULSA, OK 74103-4016				ADDR	ADDRESS:					
				ļ	INSURER(S) AFFORDING COVERAGE				NAIC#	
100612-,14-15					INSURER A: ACE American Insurance Company				22667	
INSURED EXPLORER PIPELINE COMPANY					INSURER B: ACE Property & Casualty Insurance Company				20699	
ATTN: CURTIS CRAIG				INSUR	INSURER C : American Guarantee & Liability Ins Co				26247	
P.O. BOX 2650				INSUR	INSURER D :					
TULSA, OK 74101				INSUR	INSURER E :					
				INSURER F :						
COV	/ERAGES CERTIFI	TIFICATE NUMBER:			U-002336771-02	REVISION NUMBER: 6				
TH	IIS IS TO CERTIFY THAT THE POLICIES OF	INSII	RANCE LISTED BELOW HA	AVE BE	EN ISSUED TO	THE INSUR	ED NAMED ABOVE FOR T	HE POI	LICY 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	TYPE OF INCUDANCE ADDL	SUBR		E DECIN	POLICY EFF			***************************************		
LTR A	GENERAL LIABILITY	WVD	HDO G27336759				LIMIT	<u> </u>	5.000.000	
^	V .		1100 02/333/33		10/01/2014	10/01/2015	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000	
	COMMERCIAL GENERAL ELABILITY				The state of the s		PREMISES (Ea occurrence)	\$	50,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	2,000,000	
			Docui	me	nt is		GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Docas		110 10		PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC		TOTOT	نا جو با ج	CI	T		\$		
A	AUTOMOBILE LIABILITY	1	ISA H08827813		10/01/2014	10/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000	
	X ANY AUTO	1 •	D	• .1			BODILY INJURY (Per pesson)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS	h1 8	Document	1s th	ie proj	perty (BODILY INJURY (Per accident)	5		
	X HIRED AUTOS X NON-OWNED AUTOS	4	he Lake Cou	1111	Recor	dorl	PROPERTY DAMAGE	s	The second second	
ľ	70100	ų	He Lake Cou	mity	IXCCOL	uei:		-		
В	X UMBRELLA LIAB X OCCUR		XOO G27369145		10/01/2014	10/01/2015	EACH OCCURRENCE CO	\$-;;;;; \$-⊋-;:	10,000,000	
С	EXCESS LIAB CLAIMS-MADE		AEC 5969771-04		10/01/2014	10/15/2015	AGGREGATE	\$ 27 C	10,000,000	
-	CDAIMS-MADE					10.11.00	AGGREGATE .	\$ 	10,000,000	
Α	DED RETENTION \$ WORKERS COMPENSATION		WLR C48017216 (AQS)		10/01/2014	10/01/2015	X WC PFATU- OTH-	S		
: 1	AND EMPLOYERS' LIABILITY		SCF C48017204 (OK)		10/01/2014	10/01/2015	TORY LIMITS CER	<u>C):</u>		
į	ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A		301 C40011204 (ON)		10/01/2014	10/01/2015	E.L. EACH ACCIDENT	\$ <u></u>	5,000,000	
	(Mandatory in NH) If yes, describe under				and the same of th		E.L. DISEASE A EMPLOYEE	\$	5,000,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	5,000,000	
				1111111		W SAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ttach A	CORD 101, Additional Remarks	Schedule	, if more space is	required)				
As required by written contract and in accordance with policy terms, conditions and exclusions, East Chicago Waterway Management District, its board and Executive Director are included as additional insureds										
under the General Liability policy.										
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CEDI	IFICATE HOLDER			CANO	CI I ATION			,	_ V _(<u>V</u> _	
CLN	INCATE HOLDER			CANC	ELLATION			\ 3	\mathbf{A}	
East Chicago Waterway SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
Management District					EXPIRATION	DATE THE	REOF, NOTICE WILL BE	DELL	IVERED IN	
	4444 Railroad Ave.	ACC	ORDANCE WIT	H THE POLIC	Y PROVISIONS.					
East Chicago, IN 46312										
					AUTHORIZED REPRESENTATIVE					
of					of Marsh USA Inc.					
		Zampino Lausio zampino								
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