

COVERAGES

CERTIFICATE NUMBER: 85R5LC6Q

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A D	COMMERCIAL GENERAL LIABILITY			UM00030074MA16A (XL) MKLM5OM0000004 (Markel)	07/01/2016	07/01/2017	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> MARINE GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Occ Limit Inc. in Package CSL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS-COMP / OP AGG	\$ 1,000,000
								\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<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						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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		Y/N <input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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	\$
								\$
								\$
								\$
B	UMBRELLA / EXCESS LIAB / BUMBERSHOOT <input type="checkbox"/> UMBRELLA <input checked="" type="checkbox"/> BUMBERSHOOT EXCESS CLAIMS MADE <input checked="" type="checkbox"/> OCCUR DED <input type="checkbox"/> RETENTION \$			ML201600000535	07/01/2016	07/01/2017	EACH OCCURRENCE	\$ 24,000,000
							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) This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies listed herein. It is hereby understood and agreed, the following conditions shall apply with respect to the barges evidenced hereunder: 1. Barge Owners and their Bank/Lender (whether specified herein or not) shall be additional assureds to the extent required by contract. 2. Heartland Barge Management, LLC shall be Loss Payee under the Hull coverage unless the vessel is a total or constructive total loss. Heartland Barge Management, LLC shall be Loss Payee on all other policies except to the extent required otherwise by contract. 3. Barge Owners and their Bank/Lender (whether specified herein or not) shall be Loss Payees under the Hull coverage if the vessel is a total or constructive total loss. 4. Contingent coverage is applicable during such period any vessel is bareboat chartered to a third-party by Heartland Barge Management, LLC.								