



**COVERAGES**

**CERTIFICATE NUMBER:** 4W4WJRM2

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A E	<b>COMMERCIAL GENERAL LIABILITY</b>			UM00030074MA17A (XL) MKLM5OM0000004 (Markel)	07/01/2017	07/01/2018	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> MARINE GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Occ Limit Inc. in Package CSL						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS-COMP / OP AGG	\$ 1,000,000
	OTHER:							\$
								\$
								\$
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y / N				E.L. (Each accident)	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE (Ea employee)	\$
	<input type="checkbox"/> ALTERNATE EMPLOYER		N / A				E.L. DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> USL&H ENDORSEMENT							\$
	<input type="checkbox"/> MARITIME EMPLOYERS LIABILITY							\$
	<input type="checkbox"/> OCSL ACT							\$
	<b>U.S. LONGSHORE &amp; HARBOR WORKERS COMPENSATION ACT</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	<input type="checkbox"/> ALTERNATE EMPLOYER		N / A				E.L. (Each accident)	\$
	<input type="checkbox"/> MARITIME EMPLOYERS LIABILITY						E.L. DISEASE (Ea employee)	\$
	<input type="checkbox"/> OCSL ACT						E.L. DISEASE - ANN AGG	\$
								\$
	<b>AIRCRAFT LIABILITY</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> OWNED AIRCRAFT						AGGREGATE	\$
	<input type="checkbox"/> NON-OWNED AIRCRAFT							\$
	<input type="checkbox"/> PASSENGER LIABILITY							\$
								\$
B C	<b>UMBRELLA / EXCESS LIAB / BUMBERSHOOT</b>			ML201700000535 - ProSight OMX10011373600 - Endurance	07/01/2017	07/01/2018	EACH OCCURRENCE	\$ 24,000,000
	<input type="checkbox"/> UMBRELLA <input checked="" type="checkbox"/> BUMBERSHOOT						AGGREGATE	\$
	<input type="checkbox"/> EXCESS							\$
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR							\$
	DED <input type="checkbox"/> RETENTION \$							\$
	<b>ENERGY</b>						CSL, ANY ONE OCCURRENCE (100% interest)	\$
	CONTROL OF WELL / OPERATORS EXTRA EXPENSE						ANY ONE OCCURRENCE (100% interest)	\$
	<input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC)							\$
	OFFSHORE OIL AND GAS PROPERTY						VALUES AS SCHEDULED	\$
	<input type="checkbox"/> PLATFORMS							\$
	<input type="checkbox"/> PIPELINES							\$
	ONSHORE OIL AND GAS PROPERTY						VALUES AS SCHEDULED	\$
	<input type="checkbox"/> OIL & GAS PROPERTY							\$
	<input type="checkbox"/> CONTRACTORS EQUIPMENT						VALUES AS SCHEDULED	\$
	NAMED WINDSTORM							\$
	<input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE						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 but only as required by a written 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.