



CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)

07/01/2020

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 McGriff, Seibels & Williams of Missouri, Inc. 7711 Bonhomme Avenue Suite 900 St. Louis, MO 63105	CONTACT NAME: PHONE (A/C, No, Ext): 314-854-5200 FAX (A/C, No):		
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:		
INSURED Heartland Barge Management, LLC 1007 North Main Street Columbia, IL 62236	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Endurance American Insurance Company		10641
	INSURER B : Starr Indemnity & Liability Company		38318
	INSURER C : Water Quality Insurance Syndicate		
	INSURER D : New York Marine & General Insurance Company		
	INSURER E :		
INSURER F :			

COVERAGES


CERTIFICATE NUMBER: 87FGB5X3

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	
A B	HULL AND MACHINERY			OPK10013306302 - Endurance MASIHCH00022720 - Starr	07/01/2020	07/01/2021	<input checked="" type="checkbox"/>	PER SCHEDULE ON FILE
	<input type="checkbox"/> COLLISION LIABILITY							INSURED VALUE \$
	<input type="checkbox"/> TOWERS LIABILITY							COLLISION (Ea occurrence) \$
	<input checked="" type="checkbox"/> Per Taylor Hull Form 1953 (Rev.70) SP-39C							TOWERS (Ea occurrence) \$
								\$
A B	PROTECTION AND INDEMNITY			OPK10013306302 - Endurance MASIHCH00022720 - Starr	07/01/2020	07/01/2021	<input checked="" type="checkbox"/>	PER CLUB RULES
	<input checked="" type="checkbox"/> CREW LIABILITY <input checked="" type="checkbox"/> JONES ACT						<input checked="" type="checkbox"/>	EA OCCURRENCE PER VESSEL, CSL \$ 1,000,000
	<input checked="" type="checkbox"/> COLLISION LIABILITY							COLLISION (Ea occ), CSL \$ 1,000,000
	<input checked="" type="checkbox"/> TOWERS LIABILITY							TOWERS (Ea occ), CSL \$ 1,000,000
	<input checked="" type="checkbox"/> REMOVAL OF WRECK							REMOVAL OF WRECK (Ea occurrence) \$ INCLUDED
	<input checked="" type="checkbox"/> IN REM							\$
	<input checked="" type="checkbox"/> Per SP-23 (revised 1/56)							\$
	<input checked="" type="checkbox"/> Tankerman's Liability							\$
C	POLLUTION LIABILITY			54-80470	07/01/2020	07/01/2021		EA OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OPA 90							\$
	<input checked="" type="checkbox"/> CERCLA							\$
	<input checked="" 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		N / A					\$
	<input type="checkbox"/> DEATH ON THE HIGH SEAS							\$
	<input type="checkbox"/> IN REM ENDORSEMENT							\$
A B	Landing Owner's Legal Liability (LOLL) Ship Repairer's Legal Liability (SRLL)			OPK10013306302 - Endurance MASILCH00552920 - Starr	07/01/2020	07/01/2021		LOLL/SRLL-CSL Per Occur. \$ 1,000,000
								\$
								\$

CERTIFICATE HOLDER**CANCELLATION**

Heartland Barge Management Company, LLC Proof of Insurance , CT	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

CERTIFICATE NUMBER: 87FGB5X3

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A B	COMMERCIAL GENERAL LIABILITY			OPK10013306302 - Endurance MASILCH00552920	07/01/2020	07/01/2021	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
	<input checked="" type="checkbox"/> Includes Hired/Non-owned Auto						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP / OP AGG	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						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)	\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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							\$
	U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	<input type="checkbox"/> ALTERNATE EMPLOYER						E.L. (Each accident)	\$
	<input type="checkbox"/> MARITIME EMPLOYERS LIABILITY		N / A				E.L. DISEASE (Ea employee)	\$
	<input type="checkbox"/> OCSL ACT						E.L. DISEASE - ANN AGG	\$
								\$
	AIRCRAFT LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> OWNED AIRCRAFT						AGGREGATE	\$
	<input type="checkbox"/> NON-OWNED AIRCRAFT							\$
	<input type="checkbox"/> PASSENGER LIABILITY							\$
								\$
A D	UMBRELLA / EXCESS LIAB / BUMBERSHOOT			OMX10011373603 - Endurance ML2020MEE00446 - ProSight	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 4,000,000
	<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 \$							\$
	ENERGY						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							\$
								\$
	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.



ADDITIONAL REMARKS SCHEDULE

PRODUCER McGriff, Seibels & Williams of Missouri, Inc.		INSURED Heartland Barge Management, LLC	
POLICY NUMBER			
CARRIER		NAIC CODE	
ISSUE DATE: 07/01/2020			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

2nd Layer Bumbershoot

Carrier: Endurance American Insurance Company / New York Marine & General Insurance Company
 Policy No: OMX10015005600 / ML2020MEE00445
 Policy Term: July 1, 2020 - July 1, 2021
 Limits: \$20,000,000 Excess of Primary per the Schedule of Underlying; Annual Aggregate where applicable.

River Cargo Policy

Carrier: Endurance American Insurance Company
 Policy No: OMC10013306302
 Policy Term: July 1, 2020 - July 1, 2021 12:01
 Limits: \$15,000,000 Any One Occurrence, \$ 1,000,000 Any One Barge