



CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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
	HULL AND MACHINERY						PER SCHEDULE ON FILE
<input type="checkbox"/>	COLLISION LIABILITY						INSURED VALUE \$
<input type="checkbox"/>	TOWERS LIABILITY						COLLISION (Ea occurrence) \$
<input type="checkbox"/>							TOWERS (Ea occurrence) \$
							\$
	PROTECTION AND INDEMNITY						PER CLUB RULES
<input type="checkbox"/>	CREW LIABILITY <input type="checkbox"/> JONES ACT						EA OCCURRENCE PER VESSEL, CSL \$
<input type="checkbox"/>	COLLISION LIABILITY						COLLISION (Ea occ), CSL \$
<input type="checkbox"/>	TOWERS LIABILITY						TOWERS (Ea occ), CSL \$
<input type="checkbox"/>	REMOVAL OF WRECK						REMOVAL OF WRECK (Ea occurrence) \$
<input type="checkbox"/>	IN REM						\$
							\$
							\$
	POLLUTION LIABILITY						EA OCCURRENCE \$
<input type="checkbox"/>	OPA 90						\$
<input type="checkbox"/>	CERCLA						\$
<input 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						\$
							\$
							\$
							\$

CERTIFICATE HOLDER**CANCELLATION**

	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

