



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/03/2011

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 Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390		
	E-MAIL ADDRESS:		
INSURED FCC Environmental, LLC and International Petroleum Corporation of Delaware, LLC 523 N Sam Houston Pkwy E Suite 400 Houston TX 77060 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Insurance Company of the State of PA		19429
	INSURER B: Chartis Specialty Insurance Company		26883
	INSURER C: Ironshore Specialty Insurance Company		25445
	INSURER D: Continental Casualty Company		20443
	INSURER E:		
INSURER F:			

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570042384999** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY			EG18032917	05/01/2011	05/01/2012	EACH OCCURRENCE	\$1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$25,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:							
X	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>							
A	AUTOMOBILE LIABILITY			CA 0934799 Auto - AOS CA 0934800 Auto Liability - VA	05/01/2011	05/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
X	ANY AUTO				05/01/2011	05/01/2012	BODILY INJURY (Per person)	
	ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	
	HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	
C	UMBRELLA LIAB			000256901	05/01/2011	05/01/2012	EACH OCCURRENCE	\$10,000,000
X	EXCESS LIAB		<input checked="" type="checkbox"/> OCCUR	SIR applies per policy terms & conditions			AGGREGATE	\$10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$10,000							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC015683811	05/01/2011	05/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	WC015683812	05/01/2011	05/01/2012	<input type="checkbox"/> OTHER	
A	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Workers Compensation (CA)	05/01/2011	05/01/2012	E.L. EACH ACCIDENT	\$1,000,000
				Workers Compensation (FL)	05/01/2011	05/01/2012	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
B	Pol1 Legal Liab			PLS12780665	05/01/2011	05/01/2014	Per Incident	\$1,000,000
				SIR applies per policy terms & conditions			Policy Aggregate	\$1,000,000

Certificate No : 570042384999

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
For evidence only

CERTIFICATE HOLDER**CANCELLATION**

FCC Environmental, LLC and International Petroleum Corporation of Delaware, LLC 523 N. Sam Houston Pkwy, E. Ste. 400 Houston TX 77060 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Southwest, Inc.</i>

