

CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) 9/25/2014																			
PRODUCER Thomson, Smith & Leach Insurance Group, Inc. P. O. Box 53769 Lafayette, LA 70505			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.																					
COMPANIES AFFORDING COVERAGE																								
INSURED Maxum Industries, L.L.C. 1307 Tool Dr. New Iberia, LA 70560			COMPANY A THE GRAY INSURANCE COMPANY																					
			COMPANY B																					
			COMPANY C																					
			COMPANY D																					
COVERAGES																								
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.																								
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																			
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	XSGL-074132	9/25/2014	10/1/2017	GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Unlimited PERSONAL & ADV INJURY \$1,000,000.00 EACH OCCURRENCE \$1,000,000.00 FIRE DAMAGE (Any one fire) \$50,000.00 MED EXP (Any one person) \$5,000.00																			
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				XSAL-075128	9/25/2014	10/1/2017	COMBINED SINGLE LIMIT \$1,000,000.00 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO							AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE																
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM							GXS-042976	9/25/2014	10/1/2015	EACH OCCURRENCE \$4,000,000.00 AGGREGATE \$4,000,000.00													
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; width: 40px; text-align: center;">INCL</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 40px; text-align: center;">EXCL</td> </tr> </table>	<input checked="" type="checkbox"/>	INCL	<input type="checkbox"/>	EXCL							<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 70%;">WC STATUTORY LIMITS</td> <td style="width: 10%;"></td> <td style="width: 15%; text-align: center;">OTHER</td> </tr> <tr> <td colspan="4">EL EACH ACCIDENT \$1,000,000.00</td> </tr> <tr> <td colspan="4">EL DISEASE - POLICY LIMIT \$1,000,000.00</td> </tr> <tr> <td colspan="4">EL DISEASE - EA EMPLOYEE \$1,000,000.00</td> </tr> </table>	X	WC STATUTORY LIMITS		OTHER	EL EACH ACCIDENT \$1,000,000.00				EL DISEASE - POLICY LIMIT \$1,000,000.00				EL DISEASE - EA EMPLOYEE \$1,000,000.00
<input checked="" type="checkbox"/>	INCL																							
<input type="checkbox"/>	EXCL																							
X	WC STATUTORY LIMITS		OTHER																					
EL EACH ACCIDENT \$1,000,000.00																								
EL DISEASE - POLICY LIMIT \$1,000,000.00																								
EL DISEASE - EA EMPLOYEE \$1,000,000.00																								
OTHER																								
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract.																								
CERTIFICATE HOLDER "SAMPLE"			CANCELLATION In the event of cancellation by The Gray Insurance Company and if required by written contract, 30 days written notice will be given to the Certificate Holder.																					
			AUTHORIZED REPRESENTATIVE 																					
GCF 00 50 01 01 12			THE GRAY INSURANCE COMPANY																					

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured (CGL Form# CG 20 10 11 85) when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen's and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

"In Rem" Endorsement

Gulf of Mexico Territorial Extension

D. Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.