Client#: 95159 **HOLODRIL**

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/18/2016

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).

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PRODUCER	CONTACT Anna Reid				
Propel Insurance	PHONE (A/C, No, Ext): 800 499-0933 FAX (A/C, No): 866.5	77.1326			
Tacoma Commercial Insurance 1201 Pacific Ave, Suite 1000 Tacoma, WA 98402	E-MILE ADDRESS: anna.reid@propelinsurance.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Starr Surplus Lines Ins. Co.	13604			
INSURED	INSURER B: Nationwide Mutual Ins. Co.	23787			
Holocene Drilling Inc. 11412 62nd Avenue East	INSURER C:				
	INSURER D:				
Puyallup, WA 98373	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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	ХХ	1000066213161	05/06/2016	05/06/2017	EACH OCCURRENCE	\$5,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
	X BI/PD Ded:5,000					PERSONAL & ADV INJURY	\$5,000,000
						GENERAL AGGREGATE	\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$5,000,000
	POLICY X PRO- JECT LOC						\$
В	AUTOMOBILE LIABILITY	X	ACP3007618289	05/06/2016	05/06/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB OCCUR		1000336905161	05/06/2016	05/06/2017	EACH OCCURRENCE	\$5,000,000
	X EXCESS LIAB X CLAIMS-MADE		Excess GL, Auto			AGGREGATE	\$5,000,000
	DED RETENTION\$		Liab & Pollution				\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1000066213161	05/06/2016	05/06/2017	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WA Stop Gap ONLY			E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	Contractors Poll.		1000066213161	05/06/2016	05/06/2017	\$5,000,000 Limit Ea	Осс
	Liability						
	Prof. Liability		1000066213161	05/06/2016	05/06/2017	\$1,000,000 Ea. Clain	n

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

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CERTIFICATE HOLDER	CANCELLATION
SAMPLE ONLY SAMPLE ONLY	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
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