



TYPE A

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 INSURANCE AGENCY INSURANCE AGENCY STREET ADDRESS CITY, STATE & ZIP	CONTACT NAME: INSURANCE BROKER NAME	FAX (A/C, No): BROKER FAX	
	PHONE (A/C, No, Ext): BROKER PHONE	E-MAIL ADDRESS: BROKER EMAIL	
INSURED CONTRACTOR NAME CONTRACTOR ADDRESS CITY, STATE & ZIP	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : INSURANCE COMPANY NAME		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MINIMUM LIMIT REQUIRED
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$
A	AUTOMOBILE LIABILITY			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per person) \$ MINIMUM LIMIT REQUIRED
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ MINIMUM LIMIT REQUIRED
							E.L. DISEASE - POLICY LIMIT \$

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

Arkema, Inc., its subsidiaries, directors and officers and employees are included as Additional Insured's with respect to General Liability and Automobile Liability coverages where required by written contract. General Liability coverage shall be primary insurance but only with respect to any claim, loss or liability arising out of the Named Insured's operation; and any insurance maintained by the Additional Insured shall be non-contributing. Waivers of Subrogation are provided on behalf of Arkema, Inc., its subsidiaries, directors and officers and employees with respect to Workers' Compensation, General Liability and Automobile Liability coverages where required by written contract.

ADDITIONAL INSTRUCTIONS:

Excess/Umbrella Policy can be used to supplement GL, AL & WC (MUST CARRY SAME ENDORSEMENTS AS POLICY(IES) SUPPLEMENTED)

CERTIFICATE HOLDER

CANCELLATION

Arkema Inc. c/o Avetta 17671 Cowan, Suite 125 Irvine, CA 92614	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
	AGENT SIGNATURE

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TYPE C

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 INSURANCE AGENCY INSURANCE AGENCY STREET ADDRESS CITY, STATE & ZIP		CONTACT NAME: INSURANCE BROKER PHONE (A/C No. Ext): BROKER PHONE E-MAIL ADDRESS: BROKER EMAIL FAX (A/C, No): BROKER FAX	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : INSURANCE COMPANY NAME	
INSURED CONTRACTOR NAME CONTRACTOR STREET ADDRESS CITY, STATE & ZIP		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE \$ 12,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MINIMUM LIMIT REQUIRED MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ MINIMUM LIMIT REQUIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ MINIMUM LIMIT REQUIRED E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY (ERRORS & OMISSION - E&O)			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCC. \$5,000,000 MINIMUM LIMIT REQUIRED

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

ADDITIONAL REQUIRED POLICIES:

- POLLUTION LEGAL LIABILITY (ENVIRONMENTAL LIABILITY): EACH OCCURRENCE - \$5,000,000
- FIDELITY/CRIME INSURANCE: EACH OCCURRENCE - \$1,000,000

ADDITIONAL POLICIES REQUIRED

INSTRUCTIONS:

- ADDITIONAL INSURED APPLIED IN FAVOR OF ARKEMA AND ITS SUBSIDIARY LEGAL ENTITY
- WAIVER OF SUBROGATION APPLIED IN FAVOR OF ARKEMA
- EXCESS/UMBRELLA POLICY CAN BE USED TO SUPPLEMENT GL, AL, WC (MUST CARRY SAME ENDORSEMENTS AS POLICY(IES) SUPPLEMENTED)

CERTIFICATE HOLDER

CANCELLATION

Arkema Inc. c/o Avetta 17671 Cowan, Suite 125 Irvine, CA 92614	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 AGENT SIGNATURE
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TYPE E

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 INSURANCE AGENCY INSURANCE AGENCY STREET ADDRESS CITY, STATE & ZIP		CONTACT NAME: INSURANCE BROKER PHONE (A/C No. Ext): BROKER PHONE E-MAIL ADDRESS: BROKER EMAIL FAX (A/C, No): BROKER FAX	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : INSURANCE COMPANY NAME	
INSURED CONTRACTOR NAME CONTRACTOR STREET ADDRESS CITY, STATE & ZIP		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MINIMUM LIMIT REQUIRED MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ MINIMUM LIMIT REQUIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ MINIMUM LIMIT REQUIRED E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY (ERRORS & OMISSIONS - E&O)			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE: \$5,000,000 MINIMUM LIMIT REQUIRED

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

ADDITIONAL REQUIRED POLICIES:

- POLLUTION LEGAL LIABILITY (ENVIRONMENTAL LIABILITY): EACH OCCURRENCE - \$5,000,000
- FIDELITY/CRIME INSURANCE: EACH OCCURRENCE - \$1,000,000

ADDITIONAL POLICIES REQUIRED

INSTRUCTIONS:

- ADDITIONAL INSURED MUST BE APPLIED IN FAVOR OF Arkema, Inc., its subsidiaries, directors and officers and employees
- WAIVER OF SUBROGATION MUST BE APPLIED IN FAVOR OF Arkema, Inc., its subsidiaries, directors and officers and employees
- EXCESS/UMBRELLA POLICY MAY BE USED TO SUPPLEMENT GL, AL, WC (MUST CARRY SAME ENDORSEMENTS AS POLICY(IES) SUPPLEMENTED)

CERTIFICATE HOLDER

CANCELLATION

Arkema Inc. c/o Avetta 17671 Cowan, Suite 125 Irvine, CA 92614	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 AGENT SIGNATURE
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TYPE F

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 INSURANCE AGENCY INSURANCE AGENCY STREET ADDRESS CITY, STATE & ZIP		CONTACT NAME: INSURANCE BROKER PHONE (A/C No. Ext): BROKER PHONE E-MAIL ADDRESS: BROKER EMAIL FAX (A/C, No): BROKER FAX	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED CONTRACTOR NAME CONTRACTOR STREET ADDRESS CITY, STATE & ZIP		INSURER A : INSURANCE COMPANY NAME 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE \$ 6,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MINIMUM LIMIT REQUIRED MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ MINIMUM LIMIT REQUIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ MINIMUM LIMIT REQUIRED E.L. DISEASE - POLICY LIMIT \$
A	POLLUTION LIABILITY (ENVIRONMENTAL LIABILITY)	<input type="checkbox"/>	<input type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE: \$5,000,000 MINIMUM LIMIT REQUIRED

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

Arkema, Inc., its subsidiaries, directors and officers and employees are included as Additional Insured's with respect to General Liability and Automobile Liability coverages where required by written contract. General Liability coverage shall be primary insurance but only with respect to any claim, loss or liability arising out of the Named Insured's operation; and any insurance maintained by the Additional Insured shall be non-contributing. Waivers of Subrogation are provided on behalf of Arkema, Inc., its subsidiaries, directors and officers and employees with respect to Workers' Compensation, General Liability and Automobile Liability coverages where required by written contract.

ADDITIONAL INSTRUCTIONS:

Excess/Umbrella Policy can be used to supplement GL, AL & WC (MUST CARRY SAME ENDORSEMENTS AS POLICY(IES) SUPPLEMENTED)

CERTIFICATE HOLDER

CANCELLATION

Arkema Inc. c/o Avetta 17671 Cowan, Suite 125 Irvine, CA 92614	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 AGENT SIGNATURE
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TYPE G

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

mm/dd/yyyy

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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 INSURANCE AGENCY INSURANCE AGENCY STREET ADDRESS CITY, STATE & ZIP	CONTACT NAME: INSURANCE BROKER	FAX (A/C, No): BROKER FAX	
	PHONE (A/C, No, Ext): BROKER PHONE	E-MAIL ADDRESS: BROKER EMAIL	
INSURED CONTRACTOR NAME CONTRACT STREET ADDRESS CITY, STATE & ZIP	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : INSURANCE COMPANY NAME		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE \$ 6,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MINIMUM LIMIT REQUIRED MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ MINIMUM LIMIT REQUIRED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> N / <input checked="" type="checkbox"/> A	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ MINIMUM LIMIT REQUIRED E.L. DISEASE - POLICY LIMIT \$
A	POLLUTION LIABILITY (ENVIRONMENTAL LIABILITY)	<input type="checkbox"/>	<input type="checkbox"/>	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE: \$5,000,000 MINIMUM LIMIT REQUIRED

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

Arkema, Inc., its subsidiaries, directors and officers and employees are included as Additional Insured's with respect to General Liability and Automobile Liability coverages where required by written contract. General Liability coverage shall be primary insurance but only with respect to any claim, loss or liability arising out of the Named Insured's operation; and any insurance maintained by the Additional Insured shall be non-contributing. Waivers of Subrogation are provided on behalf of Arkema, Inc., its subsidiaries, directors and officers and employees with respect to Workers' Compensation, General Liability and Automobile Liability coverages where required by written contract.

ADDITIONAL INSTRUCTIONS:

Excess/Umbrella Policy can be used to supplement GL, AL & WC (MUST CARRY SAME ENDORSEMENTS AS POLICY(IES) SUPPLEMENTED)

CERTIFICATE HOLDER

CANCELLATION

Arkema Inc. c/o Avetta 17671 Cowan, Suite 125 Irvine, CA 92614	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 AGENT SIGNATURE

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