

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 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).

certificate floider in ii	ieu or such endorsement(s).		
PRODUCER		CONTACT INSURANCE BROKER NAME	
INSURANCE AGENCY		PHONE (A/C, No, Ext): BROKER PHONE (A/C, No): BROKER PHONE	FR FAX
INSURANCE AGENCY S	STREET ADDRESS	E-MAIL ADDRESS: BROKER EMAIL	
CITY, STATE & ZIP		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : INSURANCE COMPANY NAME	
INSURED	ACTOR NAME	INSURER B:	
	ACTOR NAME ACTOR ADDRESS	INSURER C:	
	TATE & ZIP	INSURER D:	
CITT, S	TATE & ZIF	INSURER E :	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY T	THAT THE POLICIES OF INSURANCE LISTED BELOW HA	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO	LICY PERIOD

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.

	ACLUSIONS AND CONDITIONS OF SUCH							
INSR LTR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- LOC	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ MINIMUM LIMIT REQUIRED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ MINIMUM LIMIT REQUIRED \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB 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	N/A	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE 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:

CERTIFICATE HOLDER

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

02.(1):10/(12.110252)(0,((0222,(110))
ArkemaInc. c/o Avetta	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
17671 Cowan, Suite 125	AUTHORIZED REPRESENTATIVE
Irvine, CA 92614	
	AGENT SIGNATURE

CANCELL ATION

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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 no	older in lieu of such endorsement(s).		
PRODUCER		CONTACT INSURANCE BROKER	
NSURANCE A	GENCY CONTRACTOR OF THE PROPERTY OF THE PROPER	PHONE (A/C, No, Ext): BROKER PHONE (A/C, No): BROKE	ER FAX
NSURANCE A	GENCY STREET ADDRESS	E-MAIL ADDRESS: BROKER EMAIL	
CITY, STATE &	ZIP	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : INSURANCE COMPANY NAME	
INSURED	CONTRACTOR NAME	INSURER B:	
	CONTRACTOR STREET ADDRESS	INSURER C:	
	CITY, STATE & ZIP	INSURER D:	
	(INSURER E :	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	
		AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO	-

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. POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD **GENERAL LIABILITY FACH OCCURRENCE** \$<mark>6,000,000</mark> DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY \$ PREMISES (Ea occurrence) || <mark>X</mark> CLAIMS-MADE | X | OCCUR MED EXP (Any one person) POLICY NUMBER mm/dd/yyyy mm/dd/yyyy Α PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT \$ POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY $\mathbf{X} \parallel \mathbf{X}$ \$ 1,000,000 (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS POLICY NUMBER mm/dd/yyyy mm/dd/yyyy PROPERTY DAMAGE \times \$ HIRED AUTOS (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION × WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$<mark>1,000,000</mark> POLICY NUMBER mm/dd/yyyy mm/dd/yyyy OFFICE/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS below mm/dd/yyyy mm/dd/yyyy POLICY NUMBER POLLUTION LEGAL LIABILITY / EACH OCC. \$5,000,000 **ENVIRONMENTAL LIABILITY** 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.

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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Irvine, CA 92614	AUTHORIZED REPRESENTATIVE				
1	AGENT SIGNATURE				

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PRODUCER		CONTACT INSURANCE BROKER		
INSURANCE AGENCY		PHONE (A/C, No, Ext): BROKER PHONE	FAX (A/C, No): BROKE	R FAX
INSURANCE AGENCY STREET	ADDRESS	E-MAIL ADDRESS: BROKER EMAIL		
CITY, STATE & ZIP		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : INSURANCE COMPANY NAME		
CONTRACTOR CONTRACTOR CITY, STATE 8	R STREET ADDRESS	INSURER B : INSURER C : INSURER D :		
		INSURER E:		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	MBER:	

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INSR LTR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 12,000,000 \$ MINIMUM LIMIT REQUIRED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Α	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS AUTOS	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 2,000,000 \$ MINIMUM LIMIT REQUIRED \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$						EACH OCCURRENCE AGGREGATE	\$ \$ \$
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
Α	PROFESSIONAL LIABILITY (ERRORS & OMISSION - E&O)			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCC. \$5,000,0000	

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

NSTRUCTIONS:

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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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Irvine, CA 92614	
	AGENT SIGNATURE

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DDITIONAL POLICIES REQUIRED



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	DUCER					CT INSURAN	CE BROKER			
	URANCE AGENCY				PHONE (A/C, No, Ext): BROKER PHONE (A/C, No, Ext): BROKER FAX				R FAX	
	URANCE AGENCY STREET ADDRESS	;)			É-MAIL ADDRE	ss: BROKER	EMAIL			
CIT	Y, STATE & ZIP					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE	R A : <mark>INSURA</mark>	NCE COMPA	NY NAME		
INSU	JRED CONTRACTOR NAME				INSURE	RB:				
	CONTRACTOR STREET	DDD	FCC		INSURE	RC:				
	CONTRACTOR STREET A	אטטו	ESS		INSURE	RD:				
	CITY, STATE & ZIP				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3	
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ <mark>1,000</mark>	
	COMMERCIAL GENERAL LIABILITY	X	X					PREMISES (Ea occurrence)	MINIMUN	I LIMIT REQUIRED
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	
Α				POLICY NUMBER		mm/dd/yyyy	mm/dd/yyyy	PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						,	PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY	X	X					(Ea accident)	\$ <mark>1,000</mark>	,000
	× ANY AUTO							BODILY INJURY (Per person)	MINIMUN	I LIMIT REQUIRED
Α	ALL OWNED SCHEDULED AUTOS AUTOS			POLICY NUMBER	mn	mm/dd/vvvv	mm/dd/yyyy	BODILY INJURY (Per accident)	\$	
	★ HIRED AUTOS ★ NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR						,	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X WC STATU- TORY LIMITS OTH- ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A	X	POLICY NUMBER		mm/dd/yyyy	mm/dd/yyyy	E.L. EACH ACCIDENT	\$1,000	,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	MINIMUM	I LIMIT REQUIRED
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
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	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE						. ,			
	ema, Inc., its subsidiaries, directors and officer ility coverages where required by written con									
	lity arising out of the Named Insured's operati				_					
	rogation are provided on behalf of Arkema, Inc				nd empl	oyees with resp	ect to Workers	s' Compensation, General		
Liabi	ility and Automobile Liability coverages where	requ	ired b	y written contract.						
	OTTIONAL INSTRUCTIONS:	+ = 1	AL C.	NC (MUST CARRY SAME SYSTEM	DCC845*	TE AC DOLLOW	c) cuppi casca	utcn)		
EXCE	ess/Umbrella Policy can be used to supplemer	it uL,	ML Et 1	WC (MOST CARRY SAME ENDOR	NOEIVIEN	TO AS PULICY(II	:3/ SUPPLEMEN	NICU)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
					0110	D ANY 05	THE ABOVE S	SECONDED DOLLOISO DE O	ANCE:	ED BEFORE
	Arkema Inc.							DESCRIBED POLICIES BE C EREOF, NOTICE WILL		
	c/o Avetta							Y PROVISIONS.		
	C/O AVEILA									

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AUTHORIZED REPRESENTATIVE

AGENT SIGNATURE



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PRODUCER		CONTACT INSURANCE BROKER					
INSURANCE AC	GENCY	PHONE (A/C, No, Ext): BROKER PHONE (A/C, No): BROKE	R FAX				
INSURANCE AC	GENCY STREET ADDRESS	E-MAIL ADDRESS: BROKER EMAIL					
CITY, STATE &	<mark>ZIP</mark>	INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A : INSURANCE COMPANY NAME					
INSURED	CONTRACTOR NAME	INSURER B:					
	CONTRACTOR NAME CONTRACTOR STREET ADDRESS	INSURER C:					
	CITY, STATE & ZIP	INSURER D:					
	OITI, OTATE WEIT	INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:					

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	ACLUSIONS AND CONDITIONS OF SUCH			LIMITS SHOWN WAY HAVE BEEN I				
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY LOC	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ MINIMUM LIMIT REQUIRED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Α	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED SCHEDULED AUTOS X HIRED AUTOS X AUTOS AUTOS AUTOS AUTOS	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ MINIMUM LIMIT REQUIRED \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE AGGREGATE	\$ \$ \$
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Α	PROFESSIONAL LIABILITY (ERRORS & OMISSIONS - E&O)			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE: \$	55,000,000 BIT REQUIRED

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ADDITIONAL REQUIRED POLICIES:

- POLLUTION LEGAL LIABILITY (ENVIRONMENTAL LIABILITY): EACH OCCURRENCE - \$5,000,000

- FIDELITY/CRIME INSURANCE: EACH OCCURRENCE - \$1,000,000

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

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INSURANCE AC	GENCY STREET ADDRESS	E-MAIL ADDRESS: BROKER EMAIL					
CITY, STATE & ZIP		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A : INSURANCE COMPANY NAME					
INSURED	CONTRACTOR NAME	INSURER B:					
	CONTRACTOR NAME CONTRACTOR STREET ADDRESS	INSURER C:					
	CITY, STATE & ZIP	INSURER D:					
	0111, 01/112 a 211	INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CI	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							

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.

	NSR ADDLISUBR! POLICY EFF POLICY EXP								
INSR LTR	SR FR TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
А	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- LOC	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ (6,000,000) \$ MINIMUM LIMIT REQUIRED \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Α	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS AUTOS AUTOS AUTOS	X	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 2,000,000 \$ MINIMUM LIMIT REQUIRED \$ \$ \$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$						EACH OCCURRENCE AGGREGATE	\$ \$ \$	
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
Α	POLLUTION LIABILITY (ENVIRONMENTAL LIABILITY)			POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE: \$	5,000,000 MIT 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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Irvine, CA 92614	AUTHORIZED REPRESENTATIVE				
1	AGENT SIGNATURE				

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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 be endorsed. If SUBROGATION IS WAIVED, subject to the

	erms and conditions of the policy, co ertificate holder in lieu of such endor						inent on thi	s certificate does not d	onrer	rights to the
PRO	DUCER				CONTACT INSURANCE BROKER					
INS	URANCE AGENCY				PHONE (A/C, No, Ext): BROKER PHONE FAX (A/C, No): BROKER FAX					ER FAX
INS	URANCE AGENCY STREET ADDRESS	S			E-MAIL	ss: BROKER				
CIT	Y, STATE & ZIP				INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER A : INSURANCE COMPANY NAME					
INSU	JRED CONTRACTOR NAME				INSURER B:					
	CONTRACTOR NAME	אסרכ	·C		INSURER C:					
	CONTRACT STREET ADD	JKES	5		INSURER D :					
	CITY, STATE & ZIP				INSURER E :					
					INSURE					
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equii Per Poli	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT 1	CT TC	WHICH THIS
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY	X	X					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000 NUM LIMIT REQUIRED
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	ED EXP (Any one person) \$	
Α				POLICY NUMBER	mm/dd/yyyy	mm/dd/yyyy	PERSONAL & ADV INJURY	INJURY \$		
								GENERAL AGGREGATE	E \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY	X	X					COMBINED SINGLE LIMIT (Ea accident)	\$ 1.00	00.000
	ANY AUTO ALL OWNED AUTOS AUTOS AUTOS HIRED AUTOS X NON-OWNED AUTOS AUTOS AUTOS							BODILY INJURY (Per person)	.,.,	MUM LIMIT REQUIRED
								BODILY INJURY (Per accident)	\$	
Α				POLICY NUMBER		mm/dd/yyyy	mm/dd/yyyy	PROPERTY DAMAGE (Per accident)	DAMAGE \$	
	TIMED ACTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR	┢						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	<u> </u>						AGGREGATE	\$	
	DED RETENTION\$	1						AGGILGATE	\$	
	WORKERS COMPENSATION							X WC STATU- TORY LIMITS OTH- ER	Ψ	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				(11)		E.L. EACH ACCIDENT	\$ 1 OC	00.000	
Α	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A	X	POLICY NUMBER	mm/aa/yy	mm/dd/yyyy	mm/dd/yyyy	E.L. DISEASE - EA EMPLOYEE		MUM LIMIT REQUIRED
	If yes, describe under							E.L. DISEASE - POLICY LIMIT	\$	
	DESCRIPTION OF OPERATIONS below							L.L. DISEASE - FOLICT LIMIT	Ψ	-
Α	POLLUTION LIABILITY (ENVIRONMENTAL LIABILITY)			POLICY NUMBER		mm/dd/yyyy	mm/dd/yyyy	EACH OCCURRENCE: \$5,000,000 MINIMUM LIMIT REQUIRED		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks 5	Schedule	, if more space is	required)			-
Arke Liab liabi	ema, Inc., its subsidiaries, directors and offic illty coverages where required by written co lity arising out of the Named Insured's oper	ers an ontrac ation;	nd em ct. Ger and a	ployees are included as Additi neral Liability coverage shall b ny insurance maintained by ti	ional Ins e prima he Addit	sured's with re ry insurance b tional Insured s	spect to Gener ut only with re shall be non-co	spect to any claim, loss or ontributing. Waivers of	-1	
Liab	rogation are provided on behalf of Arkema, ility and Automobile Liability coverages wh				ऽ वात्य ध	nproyees with	respect to WO	rkers compensation, dener	at	
	ortional instructions: ess/Umbrella Policy can be used to supplem	nent C	L, AL	E WC (MUST CARRY SAME ENI	DORSEN	MENTS AS POLI	CY(IES) SUPPLE	EMENTED)		
CERTIFICATE HOLDER CA					CANC	ELLATION				
Arkema Inc. c/o Avetta					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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17671 Cowan, Suite 125

Irvine, CA 92614

AUTHORIZED REPRESENTATIVE

AGENT SIGNATURE