

KINDER MORGAN COMPANIES		CERTIFICATE OF INSURANCE			DATE		
PRODUCER		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		COMPANY A:					
		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		
	GENERAL LIABILITY				GENERAL AGGREGATE	\$	
	COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG	\$	
	CLAIMS MADE OCCUR				PERSONAL & ADV INJURY	\$	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$	
					FIRE DAMAGE (ANY ONE FIRE)	\$	
					MED EXP (ANY ONE PERSON)	\$	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$	
	ANY AUTO				BODILY INJURY (PER PERSON)	\$	
	ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$	
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	HIRED AUTOS						
	NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
	EXCESS LIABILITY				EACH OCCURRENCE	\$	
	UMBRELLA FORM				AGGREGATE	\$	
	OTHER THAN UMBRELLA FORM					\$	
B	WORKERS COMPENSATION AND EMPLOYEE'S LIABILITY				<input checked="" type="checkbox"/> STATUTORY LIMITS	<input type="checkbox"/> OTHER	
					EACH ACCIDENT	\$	
	THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE				<input type="checkbox"/> INCL	DISEASE – POLICY LIMIT	\$
					<input type="checkbox"/> EXCL	DISEASE – EACH EMPLOYEE	\$
	OTHER						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS:							
CERTIFICATE HOLDER				CANCELLATION			
				SHOULD THE ABOVE DESCRIBED POLICY(IES) BE TERMINATED OR CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL ___DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,			
				AUTHORIZED REPRESENTATIVE			
INS008 07/07							