

KINDER MORGAN COMPANIES		CERTIFICATE OF INSURANCE			DATE MM/DD/YY				
PRODUCER SAMPLE ONLY		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.							
INSURED COMPANY NAME & ADDRESS		COMPANIES AFFORDING COVERAGE							
		COMPANY A: XYZ INSURANCE							
		COMPANY B: ABC INSURANCE							
		COMPANY C: 123 INSURANCE							
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		123456789 SAMPLE	10/02/07	10/02/08	GENERAL AGGREGATE	\$ 2,000,000		
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG	\$ 2,000,000		
		CLAIMS MADE				<input checked="" type="checkbox"/>	OCCUR	PERSONAL & ADV INJURY	\$ 1,000,000
		OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000		
							FIRE DAMAGE (ANY ONE FIRE)	\$ 100,000	
			MED EXP (ANY ONE PERSON)	\$ 10,000					
A	AUTOMOBILE LIABILITY		A12345678 SAMPLE	10/02/07	10/02/08	COMBINED SINGLE LIMIT	\$ 1,000,000		
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (PER PERSON)	\$		
	<input checked="" type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$		
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE	\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS							
<input checked="" type="checkbox"/>	NON-OWNED AUTOS								
GARAGE LIABILITY						AUTO ONLY – EA ACCIDENT	\$		
	ANY AUTO					OTHER THAN AUTO ONLY:	\$		
						EACH ACCIDENT	\$		
						AGGREGATE	\$		
C	EXCESS LIABILITY		B12345678 SAMPLE	10/02/07	10/02/08	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/>	UMBRELLA FORM				AGGREGATE	\$		
		OTHER THAN UMBRELLA FORM					\$		
B	WORKERS COMPENSATION AND EMPLOYEE'S LIABILITY		c1234578 SAMPLE	10/02/07	10/02/08	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$		
						<input type="checkbox"/> OTH ER	\$		
						EACH ACCIDENT	\$1,000,000		
						DISEASE – POLICY LIMIT	\$1,000,000		
	THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE	<input type="checkbox"/> INCL				DISEASE – EACH EMPLOYEE	\$1,000,000		
		<input type="checkbox"/> EXCL							
	OTHER								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS: "[Insert the full and proper name of the KM Contracting Entity], and its parent, affiliated or subsidiary companies and entities (including any such entity issuing a Work Directive), and their respective directors, officers, agents and employees are named as additional insured on all above policies (except Worker's Compensation) and waiver of subrogation in favor of [Insert the full and proper name of the KM Contracting Entity,] and each its parent, affiliated or subsidiary companies and entities (including any such entity issuing a Work Directive), and their respective directors, officers, agents and employees applies as required by written contract."									
CERTIFICATE HOLDER				CANCELLATION					
[KM Contracting Entity] ATTN: CONTRACTS ADMINISTRATION ADDRESS CITY, STATE, ZIPCODE				SHOULD THE ABOVE DESCRIBED POLICY(IES) BE TERMINATED OR CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,					
				JANE DOE AUTHORIZED REPRESENTATIVE					
INS009 07/07									