



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2024

✓C.K

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 have ADDITIONAL INSURED provisions or 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 Alliant Insurance Services Houston, LLC 1330 Post Oak Blvd. Suite 300 Houston TX 77056 License#: 0C36861 CRIMMID-01	CONTACT NAME: Erick Lopez PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: Erick.Lopez@Alliant.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B: Lloyd's of London</td> <td>0</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arch Insurance Company	11150	INSURER B: Lloyd's of London	0	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER D:														
INSURER E:														
INSURER F:														

COVERAGES **CERTIFICATE NUMBER: 91678726** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	EN0043323	11/1/2023	11/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	81CAB5008603	11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	Y	Y	EN0043423	11/1/2023	11/1/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$
								\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	81WCI5000404	11/1/2023	11/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Pollution Liab.			EN0043423	11/1/2023	11/1/2024	Agg Limit	\$ 5,000,000

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

APPROVED AS TO FORM

By: _____
MICHAEL E. GATES
CITY ATTORNEY
CITY OF HUNTINGTON BEACH

See Attached...

CERTIFICATE HOLDER City of Huntington Beach 2000 Main Street Huntington Beach CA 92648	CANCELLATION 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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ADDITIONAL REMARKS SCHEDULE

AGENCY Alliant Insurance Services Houston, LLC		NAMED INSURED Cardinal Pipeline L.P. 1900 Main Street, Suite 600 Irvine CA 92614	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

2nd Layer Excess Liability Excluding Pollution
 Policy No. EN0043523
 Policy Term: 11/1/2023 – 11/1/2024
 Insurer: Underwriters at Lloyd's
 Limit: \$20MM xs \$5MM Each Occurrence

2nd Layer Excess Liability including Pollution
 Policy No. : EN0043523
 Policy Term: 11/1/2023 – 11/1/2024
 Insurer: Mosaic Syndicate
 Limit: \$20MM xs \$5MM Each Occurrence

Gradual & Difference In Conditions Pollution
 Policy No. ISPILLSB93S7003
 Policy Term: 11/1/2023 – 11/1/2024
 Insurer: Ironshore Specialty Insurance Company
 Limit: \$1MM Each Occurrence

Gradual & Difference in Conditions Pollution
 Policy No. IEELPLB93TG003
 Policy Term: 11/1/2023 -11/1/2024
 Insurer: Ironshore Specialty Insurance Company
 Limit: \$24MM xs \$1MM Each Occurrence

The City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers are included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Excess Liability policies. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
The City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers.	As per schedules held on file in the offices of Ardonagh Specialty Limited t/a Price Forbes & Partners
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

[Handwritten signature] 17/5/24

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

M 17
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
The City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers.	As per schedules held on file in the offices of Ardonagh Specialty Limited t/a Price Forbes & Partners
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

[Handwritten signature] 17/5/24

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

Item 4 Other Insurance a. Primary Insurance is subject to the **PRIMARY INSURANCE ENDORSEMENT** as follows: -



It is agreed that where the Insured is named as an additional Insured on the policy(ies) of others, this policy shall only apply in excess of and shall not be contributory with other said policy(ies).

Notwithstanding the above or any other clauses contained within this policy it is agreed where required by written contract this policy shall be primary and non-contributory to any other valid and collectable insurance.

All other terms, clauses and conditions remain unaltered.

COREENERGY INFRASTRUCTURE TRUST
UMR: B0831EN0043323

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Author	Checker
 J. Ward	 P. Burton

Date: 28 October 2022

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ADDITIONAL INSURED CGU 13 0 T

The following amendments to the wording are effected: -



1. the first sentence of Insuring Agreement a, is deleted and replaced by the following:
 - a. We will pay those sums that the insured and any "additional insured" as far as applicable becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies.
2. The following is incorporated in the DEFINITIONS;

"additional insured" means any person or entity to whom the "insured" is obliged by an "insured contract" entered into before any relevant "occurrence" to provide insurance such as is afforded by this insurance with respect to "bodily injury" or "property damage" arising out of operations conducted by the "insured" but only to the extent required by any indemnity given by the "insured" in said "insured contract" to the "additional insured".
3. The following is included in the DEFINITIONS;

"Third party" means any company, entity, or person other than an "insured" or other than a subsidiary, owned or controlled company or entity of an "insured". Notwithstanding Section II.2.a., your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company) shall be treated as a "third party".

All other terms, clauses and conditions remain unaltered.

(CGU 13 0 T)

Author	Checker
 J. Ward	 P. Burton

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PPT, this box
will not be
signed*



WAIVER OF SUBROGATION ENDORSEMENT

We agree to waive our rights of subrogation against any principal where waiver is required by written contract but only in respect of liability for Bodily Injury and/or Property Damage arising out of operations performed by you and only to the extent required under said written contract.

All other terms, clauses and conditions remain unaltered.
(CGU12L)

COREENERGY INFRASTRUCTURE TRUST
UMR: B0831EN0043323

Page 25

Author	Checker
 J. Ward	 P. Burton

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

EARLIER NOTICE OF CANCELLATION PROVIDED BY US ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attached clause" is to be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 11/01/2023 at 12:01 A.M. standard time, forms a part of Policy No. 81WCI5008404 of the

Insurance Company

Issued to CRIMSON MIDSTREAM OPERATING, LLC

(Named Insured)

Authorized Representative

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in paragraph 2. of either the CANCELLATION Common Policy Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule below.

All the terms and conditions of the Policy which are not inconsistent with this endorsement continue to apply.

SCHEDULE

Number of Days' Notice: 60

POLICY NUMBER:81WCI5008404

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. Specific Waiver

Name of person or organization

 Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:

3. Premium:

The premium charge for this endorsement shall be 2 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: **INCLUDED**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 11/01/2023 Policy No. 81WCI5008404
Insured CRIMSON MIDSTREAM OPERATING, LLC.
Insurance Company ARCH INSURANCE COMPANY

Endorsement No.
Premium INCL.

DATE OF ISSUE:

Countersigned By _____

POLICY NUMBER: 81WCI5008404

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION WHERE WAIVER OF OUR RIGHT TO RECOVER IS PERMITTED BY LAW AND IS REQUIRED BY WRITTEN CONTRACT PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO DATE OF LOSS.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 11/01/2023 Policy No. 81WCI5008404
Insured CRIMSON MIDSTREAM OPERATING, LLC
Insurance Company ARCH INSURANCE COMPANY

Endorsement No.
Premium INCL.

DATE OF ISSUE:

Countersigned By _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies Insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

SCHEDULE

Number of Days' Notice 60

(If no entry appears above, information required to complete this Schedule will be shown in the Declarations as applicable to this endorsement.)

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in paragraph 2, of either the CANCELLATION Common Policy Condition or as amended by applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number: 81CAB5008603

Named Insured: CRIMSON MIDSTEAM OPERATING, LLC

This endorsement is effective on the inception date of this Policy unless
otherwise stated herein: Endorsement Effective Date: 11/01/2023

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: CRIMSON MIDSTREAM OPERATING, LLC

Endorsement Effective Date: 11/01/2023

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

ANY PERSON OR ORGANIZATION WHERE WAIVER OF OUR RIGHT TO RECOVER IS PERMITTED BY LAW AND IS REQUIRED BY WRITTEN CONTRACT PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE LOSS.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - BLANKET

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

Under **Covered Autos Liability Coverage**, the **Who is An Insured** provision is amended to include as an "insured" the person or organization who is required under a written contract to be included as an "insured" under this policy, but only with respect to their legal liability for your acts or omissions or the act or omissions of a person for whom **Covered Autos Liability Coverage** is afforded under this policy.

All other terms and conditions of this policy remain unchanged.

Endorsement Number:

Policy Number: 81CAB5008603

Named Insured: CRIMSON MIDSTREAM OPERATING, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein: Endorsement Effective Date: 11/01/2023

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NON-CONTRIBUTING INSURANCE ENDORSEMENT -
DESIGNATED CONTRACT(S)**

This endorsement modifies Insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM

SCHEDULE

**Designated
Contract(s):**

**ALL PARTIES WHERE REQUIRED
IN A WRITTEN CONTRACT**

With respect to the contract(s) designated in the Schedule above, it is agreed that the following subparagraph e. is added to **SECTION IV - BUSINESS AUTO CONDITIONS**, Paragraph B. 5. and **SECTION V - GARAGE CONDITIONS**, Paragraph B. 5.

5. Other Insurance

- e. With respect to **SECTION II - LIABILITY COVERAGE**, where you are specifically required by a written contract designated in the Schedule above to provide Insurance that is primary and non-contributory, and the written contract designated in the Schedule above so requiring is executed by you before any "accident", this Insurance will be primary and the other Insurance will not contribute with this Insurance, but only to the extent required by that written contract.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

This endorsement is effective on the inception date of this policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.) Policy Number: 81CAB50086023

Named Insured: CRIMSON MIDSTREAM OPERATING, LLC

Endorsement Effective Date: 11/01/2023

II. CONDITIONS

This Policy is subject to the following conditions:

1. APPEALS

In the event the "Insured" elects not to appeal a judgement which may, in whole or in part, involve indemnity under this Policy, Underwriters may, following discussion with the "Insured", elect to make such appeal at their own cost and expense and shall pay for the taxable costs and disbursements and any additional interest incidental to such appeal; but in no event shall Underwriters' share of "Ultimate Net Loss" exceed the relevant Limits of Liability set out in Item 4 of the Declarations plus such costs, expenses, disbursements and interest.

2. ASSIGNMENT

Assignment of interest under this Policy shall not bind Underwriters unless and until their written agreement thereto is secured.

3. CANCELLATION

Cancellation of this Policy may be effected either

- (a) by the "Insured", or
- (b) by Underwriters or their representatives.

The "Insured" may cancel this Policy by mailing or delivering advance written notice to Underwriters or their representatives stating when the cancellation is to take effect.

If Underwriters cancel the Policy because of non-payment of premium, they or their representatives must mail or deliver to the "Insured" not less than fifteen (15) days advance written notice stating when the cancellation is to take effect. If Underwriters cancel for any other reason, they or their representatives must mail or deliver to the "Insured" not less than ninety (90) days advance written notice stating when the cancellation is to take effect. Mailing of notice by Underwriters or their representatives to the "Insured" at the mailing address shown in Item 1 of the Declarations will be sufficient to prove notice.

The Policy Period will end on the day and hour stated in the cancellation notice.



If Underwriters cancel the Policy, final premium will be calculated pro rata based on the time that this Policy was in force.

If the "Insured" cancels the Policy, final premium will be more than pro rata; it will be based on the time this Policy was in force and increased by Underwriters' short rate cancellation table and procedure.

Premium adjustment may be made at the time of cancellation or as soon as practicable thereafter but the cancellation will be effective even if no refund has been made or offered to the "Insured". Underwriters' cheque, or their representative's cheque, mailed or delivered, shall be sufficient tender of any refund due to the "Insured".

The first named "Insured" in Item 1 of the Declarations shall act on behalf of all other "Insureds" with respect to the giving and receiving of notice of cancellation and the receipt of any refund that may become payable under the Policy.

Any of these provisions that conflicts with a law that controls the cancellation of the insurance to which this Policy applies is changed by this statement to comply with the law.

Author	Checker
 J. Ward	 P. Burton

Slip Leader:
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21. for any "Claim" not covered by the underlying insurance(s) listed in Item 2 of the Declarations other than such insurance(s) that are self insured to the extent referred to in Insuring Agreement 3. This exclusion will not apply to the extent that such "Claim" would have been covered except for the reduction or exhaustion of an aggregate limit shown in Item 2 of the Declarations by payment of "Claim(s)" for "Occurrence(s)" which are also covered by this Policy.

Nothing contained in the above Exclusions shall extend this Policy to cover any liability which would not have been covered had these Exclusions not been incorporated herein.

IV. DEFINITIONS

1. ADDITIONAL INSURED

The words "Additional Insured", wherever used in this Policy, shall mean any person or entity to whom the "Insured" is obliged by an "Insured Contract" entered into before any relevant "Occurrence" and/or "Claim" to provide insurance such as is afforded by this Policy with respect to "Bodily Injury" or "Property Damage" arising out of operations conducted by the "Insured" but only to the extent required by any indemnity given by the "Insured" in said "Insured Contract" to the "Additional Insured".

2. ADVERTISING INJURY

The words "Advertising Injury", wherever used in this Policy, shall mean injury to a "Third Party" arising out of the "Insured's" advertising activities, but only if such injury arises out of:

- (a) oral or written publication of material that slanders or libels a person or organisation or disparages a person's or organisation's goods, products or services;
- (b) oral or written publication of material that violates a person's right to privacy;
- (c) misappropriation of advertising ideas or style of doing business; or,
- (d) infringement of copyright, title or slogan.

3. AIRCRAFT LIABILITY



The words "Aircraft Liability", wherever used in this Policy, shall mean liability arising out of the maintenance, operation or use of an aircraft, aeroplane or helicopter which is designed to fly in the air or atmosphere.

4. AUTOMOBILE

The words "Automobile," wherever used in this Policy, shall mean a land motor vehicle, trailer or semi-trailer designed for travel on public roads, including any attached machinery or equipment, but the word "Automobile" shall not include the contents of such vehicle, trailer or semi-trailer.

5. AUTOMOBILE LIABILITY

The words "Automobile Liability," wherever used in this Policy, shall mean liability arising out of the maintenance, operation or use of any "Automobile".

Author	Checker
 J. Ward	 P. Burton

Slip Leader:
<i>If placed via PPL, this box will not be signed</i>

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. CANCELLATION

1. The first Named Insured shown in the Risk Details may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
 - b. 60 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. CHANGES

This policy contains all the agreements between you and us concerning the insurance offered. The first Named Insured shown in the Declarations is authorised to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made part of this policy.

C. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period up to three years afterward.

D. INSPECTIONS AND SURVEYS

We have the right but are not obligated to:



1. Make inspections and surveys at any time;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organisation to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organisation which makes insurance inspections, surveys, reports or recommendations.

COREENERGY INFRASTRUCTURE TRUST
UMR: B0831EN0043323

Author	Checker
 J. Ward	 P. Burton

Edits 21 Dec-01-02

*If placed via
PPL, this box
will not be
signed*

WAIVER OF SUBROGATION ENDORSEMENT



We agree to waive our rights of subrogation against any principal where waiver is required by written contract but only in respect of liability for Bodily Injury and/or Property Damage, arising out of operations performed by you or on your behalf and only to the extent required under said written contract

CGU12L (Amended)

All other terms, clauses and conditions remain unchanged.

COREENERGY INFRASTRUCTURE
TRUST UMR: B0831EN0043423

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Author	Checker
 J. Ward	 P. Burton

Date: 20 October 2022

Sllp Leader:
<i>If placed via PPL this box will not be signed</i>

priceforbes

CONTRACT ENDORSEMENT

831
BIB

Unique Market Reference: B0831EN0043323
Endorsement Reference: 005
Insured: COREENERGY INFRASTRUCTURE TRUST

CONTRACT CHANGES

This contract is amended as follows:

ENDORSEMENT EFFECTIVE DATE:	Inception
DETAILS OF CHANGE: Underwriters hereby note and agree to add the following to the CONDITIONS section: Additional Insured – Owners, Lessees or Contractors – Completed Operations, CG.20.37.07.04 as attached (1 page). Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization, CG.20.10.04.13 as attached (1 page). All other terms, clauses and conditions remain unchanged.	
ADDITIONAL / RETURN PREMIUM:	Not Applicable

Note: Where more than one Insurer participates in the contract, the contract terms may mean that it is not always necessary to obtain a record of agreement to the Contract Endorsement from all of those Insurers.

CONTRACT ADMINISTRATION AND ADVISORY SECTION

This contract is amended as follows:

SETTLEMENT DUE DATE:	Not Applicable
	In the absence of an Insurer specified Settlement Due Date, the Settlement Due Date will be calculated by applying the terms of trade for the original premium to whichever is the later of either: the latest effective date of the subject matter of the contract endorsement; or the date on which the final Insurer agreement is obtained.
ALLOCATION OF PREMIUM TO CODING:	Not Applicable

CY
1st Signatory

JW
2nd Signatory

M. 17/5/24