

1 Q. Please provide a copy of the insurance policy governing the transmission of this unit
2 from point of sale to Holyrood.

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5 A. All insurance for the purchase, transportation, installation and testing of the
6 captioned equipment is being provided by the contractor. The contract requires
7 that the contractor provide Certificates of Insurance to Hydro for evidence
8 compliance with contract insurance requirements. Copies of contractor's insurance
9 certificates are attached as GT-DD-NLH-005 Attachment 1.



CERTIFICATE OF LIABILITY INSURANCE

PROESER-01 LBUCCIERO

DATE (MM/DD/YYYY)

6/5/2014

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 Rose & Kiernan, Inc. 1163 Pittsford-Victor Road Suite 200 Pittsford, NY 14534	CONTACT NAME:	
	PHONE (A/C, No, Ext): (585) 264-0520 4210	FAX (A/C, No): (585) 264-0828
INSURED ProEnergy Services, LLC ProEnergy Global Solutions Canada Ltd 2001 ProEnergy Blvd Sedalia, MO 65301	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Liberty Mutual Fire Ins. Co	NAIC # 23035
	INSURER B: Lexington Insurance Co	
	INSURER C: AIG Specialty Insurance Company	26883
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		TB2641438988023	9/18/2013	9/18/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					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 Fire Fight Exp \$ 250,000
A	AUTOMOBILE LIABILITY		AS2641438988013	9/18/2013	9/18/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	025422526	9/18/2013	9/18/2014	EACH OCCURRENCE \$ 25,000,000
	EXCESS LIAB	<input type="checkbox"/>				AGGREGATE \$ 25,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
C	Pollution Liability		CPO14364194	11/30/2013	9/18/2014	E.L. DISEASE - EA EMPLOYEE \$
C	Pollution Liability		CPO14364194	11/30/2013	9/18/2014	E.L. DISEASE - POLICY LIMIT \$
						Each Loss Limit 10,000,000
						Deductible 25,000

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

Re 2014-57952 Engineering Procurement & Construction for Turnkey 100MW Combustion Turbine Generator at the Holyrood Thermal Generating Station

Newfoundland & Labrador Hydro is listed as Additional Insured with respects to General Liability including cross liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Newfoundland & Labrador Hydro
500 Columbia Drive
St. John's, NL A1B 4K7
CANADA

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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PROESER-01

LBUCCIERO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2014

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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 Rose & Kiernan, Inc. 1163 Pittsford-Victor Road Suite 200 Pittsford, NY 14534	CONTACT NAME: PHONE (A/C, No, Ext): (585) 264-0520 4210 FAX (A/C, No): (585) 264-0828 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Starr Indemnity & Liability Co NAIC # 38318 INSURER B: Lloyds of London EC145 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED ProEnergy Services, LLC ProEnergy Global Solutions Canada Ltd 2001 ProEnergy Blvd Sedalia, MO 65301	

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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			SLSLPRO26210813	9/18/2013	9/18/2014	Per Occ/Agg 5,000,000
B	Ocean Inland Marine			B0799MC015040G	9/18/2013	9/18/2014	Limit 50,000,000

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

Re 2014-57952 Engineering Procurement & Construction for Turnkey 100MW Combustion Turbine

Generator at the Holyrood Thermal Generating Station

Newfoundland & Labrador Hydro is listed as Additional Insured with respects to General Liability including cross liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER Newfoundland & Labrador Hydro 500 Columbia Drive St. John's, NL A1B 4K7 CANADA	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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CERTIFICATE OF INSURANCE					ISSUE DATE (MM/DD/YY) 06/04/2014	
BROKER  <div style="margin-left: 10px;"> Cowan Insurance Group Ltd. 705 Fountain Street North PO Box 1510 Cambridge, ON N1R 5T2 Craig Beaton PHONE: 519-650-6360 FAX: 519-650-6366 </div>			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'S FULL NAME AND MAILING ADDRESS ProEnergy Services LLC, ProEnergy Global Solutions Canada Ltd. 1000-840 Howe Street Vancouver, BC V6Z 2M1			Company A	AIG Insurance Company of Canada		
			Company B			
			Company C			
			Company D			
			Company E			
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.						
TYPE OF INSURANCE <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> TENANT'S LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILE <input type="checkbox"/> HIRED AUTOMOBILE <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> **ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/> OTHER (SPECIFY) Builders Risk	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
					EACH OCCURRENCE	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGGREGATE	\$
					PERSONAL INJURY	\$
					EMPLOYER'S LIABILITY	\$
					TENANT'S LEGAL LIABILITY	\$
					NON-OWNED AUTOMOBILE	\$
					HIRED AUTOMOBILE	\$
					BODILY INJURY PROPERTY DAMAGE COMBINED	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
	A	2454548	06/03/2014	06/03/2015	Builders Risk	\$ 110,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS/ ADDITIONAL INSURED Deductibles: \$100,000 Per Occurrence except; \$500,000 Gas Turbine Generator \$500,000 Testing and Commissioning 45 Days Soft Costs / Delay of Start Up Coverage includes Delay - Soft Costs Re 2014-57952 Engineering Procurement & Construction for Turnkey 100MW Combustion Turbine Generator at the Holyrood Thermal Generating Station						
CERTIFICATE HOLDER Newfoundland Labrador Hydro Supply Chain Management Hydro Place, 500 Columbus Drive P.O. Box 12400 St. John's, NL A1B 4K7				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: center;">  Per: _____ Page 1 of 1 </div>		