

118652



FOR INFORMATION PURPOSES ONLY, THIS SUPPLEMENT IS TO BE ATTACHED TO THE ACORD CERTIFICATE OF INSURANCE FOR

OTTO CANDIES, L.L.C.

PO Box 25, Des Allemands, LA. 70030 (504) 469-7700

Vs 032012

Name of Insured		Phone Number	Date Issued
Address of Insured			
Description of Operations			
Nature and Location of Work Performed for Otto Candies, L.L.C.			
APPLICABLE TO ALL POLICIES (COMPANY shall mean OTTO CANDIES, L.L.C. and/or subsidiary and/or associated and/or affiliated companies) Contractor shall refer to the Name of the Insured appearing above.			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do all policies (except W/C) name the COMPANY as an Additional Assured to the full limits carried by Contractor?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do all policies provide Waiver of Subrogation in favor of the COMPANY and any of their insurers?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do all policies provide 30 days prior written notice to COMPANY of cancellation at Company address (Post Office Box 25, Des Allemands, LA. 70030)?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is coverage under all insurance carried by Contractor primary insurance and exclusive of any COMPANY's valid and collectible insurance?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do all policies have adequate territorial and navigation limits for the location of the work, including operations in the Gulf of Mexico?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do insurers waive all premiums, deductibles, taxes, audits, retro adjustments or any other payment or sue and labor requirements of any kind as respects the COMPANY?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are all policies of insurance placed with insurance companies rated by A.M. Best Company as A or better, Class VII or higher, or with Underwriters at Lloyds of London?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	If insured has a Contract with Otto Candies, L.L.C., their subsidiaries or affiliated companies containing a "Hold Harmless" agreement, do policies cover such assumed liability? If answer is YES, please indicate which policies provide coverage:		
WORKERS' COMPENSATION & EMPLOYERS LIABILITY			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Alternate Employer Endorsement or equivalent		<input type="checkbox"/> YES <input type="checkbox"/> NO Voluntary Compensation Endorsement
<input type="checkbox"/> YES <input type="checkbox"/> NO	U.S.L. & H. Endorsement		<input type="checkbox"/> YES <input type="checkbox"/> NO Maritime Coverage B including Transportation and Wages, Maintenance & Cure Jones Act (Merchant Marine 1920)*
<input type="checkbox"/> YES <input type="checkbox"/> NO	Outer Continental Shelf Act Endorsement		<input type="checkbox"/> YES <input type="checkbox"/> NO Death on the High Seas Act *
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other States Coverage		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gulf of Mexico Territorial Extension		
<input type="checkbox"/> YES <input type="checkbox"/> NO	"In Rem" Endorsement *		
* If Maritime coverages not provided on WC/EL policy, state applicable policy:			
GENERAL LIABILITY			
Form & Edition Date		Deductible:	Territory Covered:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Products/Completed Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Contractor uses leased employees, then any Leased Employee Limitation Deleted
<input type="checkbox"/> YES <input type="checkbox"/> NO	Contractual Insurance: Specifically Insuring Contracts and/or Letter Agreements with COMPANY	<input type="checkbox"/> YES <input type="checkbox"/> NO	Action Over Indemnity Buy-Back Endorsement
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sudden and Accidental Pollution Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	Per Project Endorsement or the Equivalent
<input type="checkbox"/> YES <input type="checkbox"/> NO	Deletion of the Non-Owned Watercraft Exclusion	<input type="checkbox"/> YES <input type="checkbox"/> NO	Personal Injury/Advertising Liability
<input type="checkbox"/> YES <input type="checkbox"/> NO	"In Rem" Endorsement	<input type="checkbox"/> YES <input type="checkbox"/> NO	Care, Custody & Control Coverage
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cross Liability Coverage	<input type="checkbox"/> YES <input type="checkbox"/> NO	Independent Contractors Coverage without warranties or limitations
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gulf of Mexico Territory Extension Endorsement		
SHIP REPAIRERS' LEGAL LIABILITY <input type="checkbox"/> Check if Not Applicable			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Standard Form SP9B or equivalent		<input type="checkbox"/> YES <input type="checkbox"/> NO Demurrage Clause Deleted
<input type="checkbox"/> YES <input type="checkbox"/> NO	Strikes, Riots and Civil Commotions Endorsement		
MARINE INSURANCE - VESSEL OPERATIONS <input type="checkbox"/> Check if Not Applicable Attach Schedule of Vessels (Include Description)			
HULL		P&I (con't)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hull Form	<input type="checkbox"/> YES <input type="checkbox"/> NO	Removal of Wreck/Debris Insurance
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hull insurance in an amount equal to the Agreed Hull value of the vessels utilized in the work	<input type="checkbox"/> YES <input type="checkbox"/> NO	Excess Collision & Tower's Liability
<input type="checkbox"/> YES <input type="checkbox"/> NO	Strikes, Riots & Civil Commotions Endorsement	General Conditions and applicable to Hull, P&I and/or Other Marine Insurance	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Collision & Tower's Liability (if applicable) to the Hull Limit with the Sistership Clause unamended	<input type="checkbox"/> YES <input type="checkbox"/> NO	Navigation Limits adequate to cover areas of operation (please include specific limits on schedule of vessels)
P&I		<input type="checkbox"/> YES <input type="checkbox"/> NO	War Risk, Confiscation, Expropriation, Nationalization and Deprivation (if applicable to operations)
<input type="checkbox"/> YES <input type="checkbox"/> NO	P&I Form:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do Policies Cover Rig Towing
<input type="checkbox"/> YES <input type="checkbox"/> NO	Include Crew Coverage (if not, where covered?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do Policies Cover All Owned or Bareboat Chartered Vessels And All Other Vessels The Named Insured Is Obligated or Responsible To Insure?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cross Liability		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Pollution Exclusion with Buy Back Endorsement		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cargo Legal Liability		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Marine Contractual		
Auto Liability <input type="checkbox"/> Check if Not Applicable			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Owned Autos		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Non-Owned Autos		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hired Autos		
Vessel Pollution <input type="checkbox"/> Check if Not Applicable			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Include OPA 90 Liability		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Include CERCLA Liability		
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Check if Not Applicable			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Umbrella Form		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Bumbershoot		<input type="checkbox"/> YES <input type="checkbox"/> NO If primary General Liability is subject to an annual aggregate, does excess drop down to act as primary if aggregate is exhausted?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Specific Excess		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does policy follow form on all policies above? If not, please list policies that are EXCLUDED:		

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
APR - 5 2012

YES NO The following wording applies to sections MARINE INSURANCE and EXCESS/UMBRELLA LIABILITY and where required, it has hereby been specifically endorsed to said policies.

OTTO CANDIES, L.L.C. SPECIAL ENDORSEMENT WORDING

Permission is granted to charter the vessel(s) to OTTO CANDIES, L.L.C., and/or its subsidiary or affiliated companies, and during the term of any such charter OTTO CANDIES, L.L.C., its subsidiaries and affiliates, and/or any company, partnership, or individual operating the vessel, and/or anyone for whom the vessel(s) is/are working, shall be considered as additional insureds hereunder, and underwriter's rights of subrogation against them and all rights under loan receipt or other such instruments are waived.

The coverage afforded to such additional assureds hereunder shall be in all respects and in all events identical with the coverage afforded to the owner of the vessel(s) named herein, and any limitation of coverage to loss, damage, or expense, "as owner," or any other provision herein inconsistent with the coverage of such additional assureds identically with owners shall, as to such additional assureds, be deemed deleted.

It is expressly agreed that the insurance afforded by this policy is, and for all purposes shall be deemed to be primary of all other insurance, and any "other insurance clause" contained in this policy is hereby deleted.

This company agrees to give thirty (30) days prior written notice to OTTO CANDIES, L.L.C. in event of cancellation or material change in this policy.

COMMENTS/REMARKS