

EPCO.01.12

MEMORANDUM OF INSURANCE LIABILITY VALID AS OF DATE

PRODUCER:	COMPANIES AFFORDING COVERAGE	
	COMPANY	A
INSURED: ENTERPRISE PRODUCTS OPERATING LLC 1100 LOUISIANA STREET, 10 TH FLOOR HOUSTON, TEXAS 77002 USA	COMPANY	B
	COMPANY	C
	COMPANY	D
	COMPANY	E

COVERAGES

This memorandum verifies that the following coverages are in force: **GENERAL LIABILITY, AUTOMOBILE LIABILITY, WORKERS COMPENSATION AND EXCESS LIABILITY**

This memorandum is furnished to you as a matter of information for your convenience. It is not intended to reflect all the terms and conditions or exclusions of such policies. This memorandum is not an insurance policy and does not amend, alter, or extend the coverage afforded by the listed policies. The insurance afforded by the listed policy is subject to all the terms, exclusions and conditions of such policies.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFF. DATE	EXP. DATE	LIMITS	
	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COM GEN LIABILITY				PRODUCTS-COMP/OP AGG	\$
	<input type="checkbox"/> CLAIM X OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWN & CONT PROT				EACH OCCURRENCE	\$
	<input type="checkbox"/>				FIRE DAMAGE (Any fire)	\$
	<input type="checkbox"/> CONTRACTUAL LIABILITY				MED EXPENSE (Any one person)	\$
	General Aggregate Limit Applies Per Policy					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per Accident)	\$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY				STATUTORY LIMITS X	
	<input type="checkbox"/> SELF-INSURED				EL - EACH ACCIDENT	\$
	<input type="checkbox"/> PHYSICAL DAMAGE				EL DISEASE - EA EMPLOYEE	\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				EL DISEASE - POLICY LIMIT	\$
					EACH OCCURRENCE	\$
	EXCESS LIABILITY				AGGREGATE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

MSC 90 Included
 ** Policy is excess of primary policies.

TEXAS DEPARTMENT OF INSURANCE
 AUSTIN, TEXAS
 APPROVED

JUN 12 2012