TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED MAR-62012

118617



Certificate of Insurance

DATE: February 24, 2012

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy(ies) shown hereon.

CERTIFICATE ISSUED TO:

Certificate Holder Name

Address

City, State Zip Code

This is to certify that the policies of insurance listed below have been effected for the insured named below 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.

NAME OF INSURED:

Full Name of Insured

Address

City, State Zip Code

DESCRIPTION OF OPERATIONS:

| | | TYPE OF INSURANCE | POLICY NO. | POLICY PERIOD | AGREED VALUE OR LIMITS OF LIABILITY |
|------|------|--|---------------------------------------|---------------------------------------|---|
| A) | Lia | orkers' Compensation / Employers' ability, including USL&HW and ater Continental Shelf Lands Act | Policy No. | Policy Periad | Workers' Compensation – Statutory Employers' Liability - US\$ each accident US\$ each employee (by disease) US\$ policy limit (by disease) |
| lnsı | ured | l with: | · · · · · · · · · · · · · · · · · · · | | |
| В) | a) | Land (Excess / Difference In 1. Texas or Sta | | · · · · · · · · · · · · · · · · · · · | |
| | b) | Employers' Liability (Excess / Difference In Conditions of Local Coverage) | | | b) Employers' Liability - US\$ each accident US\$ each employee US\$ aggregate by disease |
| | ., . | al Limits – (affirmative statement based on p | nolina languago hom) | | |

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| | TYPE OF INSURANCE | POLICY NO. | POLICY PERIOD | AGREED VALUE OR LIMITS OF LIABILITY |
|------------|---|-----------------------|--|--|
| C) | Employers' Liability | Policy No. | Policy Period | GBP |
| | UK – Onshore/Offshore | | | |
| Ins | ured with: | | | |
| D) | Commercial Automobile Liability a) Texas b) Louisiana (owned, hired and non-owned vehicles) | Policy No. | Policy Period | US\$ Combined Single Limit Bodily Injury and Property Damage each accident |
| Ins | ured with: a) & b) | | | |
| E) | Foreign Automobile Liability (Excess / Difference In Conditions of Local Coverage) (owned, hired and non-owned vehicles) | Policy No. | Policy Period | US\$ Combined Single Limit Bodily Injury and Property Damage each accident |
| Terr | itorial Limits – – (affirmative statement based on p | policy language here |) | |
| Ins | ured with: | | | |
| F) | Commercial General Liability Domestic Non-Marine | Policy No. | Policy Period | US\$ each occurrence and in the aggregate as policy |
| Ins | ured with: | | | |
| G) | Foreign General Liability (Excess / Difference In Conditions of Local Coverage) Non-Marine | Policy No. | Policy Period | US\$ each occurrence and in the aggregate as policy |
| | itorial Limits - | | A Comment of the Comm | |
| Terr | | 4.64.4 | | |
| | red with: | 11111 | | |
| | ured with: Umbrella Liability | Policy No. | Policy Period | US\$ each occurrence and in the aggregate as policy Excess of A), B), D), E), F) and G) above. |
| Inst H) | | Policy No. | t. of Ingurans | aggregate as policy Excess of A), B), D), E), F) and G) above. |
| Insi H) | Umbrella Liability | Policy No. TEXAS DEP | - | aggregate as policy Excess of A), B), D), E), F) and G) above. |

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| | TYPE OF INSURANCE | POLICY NO. | POLICY PERIOD | AGREED VALUE OR LIMITS OF LIABILITY |
|------|---|------------|---------------------------------------|---|
| I) | Section 1 Protection & Indemnity, including crew, wreck removal/debris removal, pollution, collision, charterer's liabilities and other marine liabilities. | Policy No. | Policy Period | US\$ any one accident or occurrence and in the aggregate as policy, excess of US\$ 10,000,000 any one accident or occurrence. |
| | Territorial Limits: Worldwide | | | TEXAS DEPT. OF INSURANCE |
| | Section 2 Excess Liabilities Non-Marine (Other than those covered under Section 1) | | | AUSTIN, TEXAS APPROVED MAR - 62012 |
| Ins | ured with: a) b) | | | |
| J) | Excess Protection & Indemnity and /or Excess Liabilities | Policy No. | Policy Period | US\$ any one accident or occurrence and in the aggregate as policy, excess of I) above. |
| Ins | ured with: | | | |
| K) | Excess Protection & Indemnity and /or Excess Liabilities | Policy No. | Policy Period | US\$ any one accident or occurrence and in the aggregate as policy, excess of J) above. |
| Inst | ured with: a) b) | | | |
| L) | Excess Protection & Indemnity and /or Excess Liabilities | Policy No. | Policy Period | US\$ any one accident or occurrence and in the aggregate as policy, excess of K) above. |
| Inst | nred with: a) b) | | | |
| M) | Excess Protection & Indemnity and /or Excess Liabilities | Policy No. | Policy Period | US\$ any one accident or occurrence and in the aggregate as policy, excess of L) above. |
| Inst | red with: | | · · · · · · · · · · · · · · · · · · · | |
| N) | Excess Protection & Indemnity and /or Excess Liabilities | Policy No. | Policy Period | US\$ any one accident or occurrence and in the aggregate as policy, excess of M) above. |
| Insu | red with: | | | |

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| | | TYPE OF INSURANCE | POLICY NO. | POLICY PERIOD | | REED VALUE OR ITS OF LIABILITY |
|------|---------------------|---|------------|------------------|-----------------------------|---|
| O) | Nor | n-Owned Aircraft Liability | Policy No. | Policy Period | US\$ Bodily Injueach accide | Combined Single Limit ry and Property Damage nt |
| Ins | ured | with: | | | | |
| P) | a) | Hull and Machinery, etc., as per London Standard Drilling Barge Form – "All Risks" (amended) | Policy No. | Policy Period | a) US\$ | Declared Value |
| | b) | Increased Value Insurance (TLO) | | | b) US\$ | Insured Amount |
| | Territorial Limits: | | | | | |
| Inst | ired v | with: | | | | |

Several Liability Notice: The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

Alliant Insurance Services Houston LLC are not insurers hereunder, and Alliant Insurance Services Houston LLC are not nor shall be in any way or to any extent liable for loss or claim whatsoever in connection with the policies evidenced hereon.

BY: Alliant Insurance Services Houston LLC

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(based on need, one or more of the following statements may be used on a certificate of insurance; no statement will be amended or altered from the versions shown hereon)

Subject always to policy terms, conditions and exclusions, Certificate Holder is named as Additional Insured (excluding Workers' Compensation and Employers' Liability) but only to the extent of risks and liabilities assumed by the Named Insured in a signed written contract.

Coverage provided to Additional Insured(s) shall not be deemed to include any contractual indemnifications, liabilities or indemnifications expressly assumed by said Additional Insured.

Subject always to policy terms, conditions and exclusions, Waiver of Subrogation is granted in favor of Certificate Holder but only to the extent of risks and liabilities assumed by the Named Insured in a signed written contract.

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

48 hours notice in respect of War Risks and 10 days notice in respect of non-payment of premium.

Subject always to policy terms, conditions and exclusions, Certificate Holder is named as Additional Insured (excluding Professional Liability, Property and Workers' Compensation and Employers' Liability) but only to the extent of risks and liabilities assumed by the Named Insured in a written contract.

The policies certified as providing Additional Insured hereon are primary and not excess to or contributory to any insurance or self-insurance maintained by Certificate Holder, only to the extent of risks and liabilities assumed by the Named Insured in a signed written contract and subject always to policy terms, conditions and exclusions.

The policies certified hereon are primary only to the extent of risks and liabilities assumed by the Named Insured in a signed written contract and subject always to policy terms, conditions and exclusions.

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