



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
EOG Resources Canada and EOG Resources Canada Inc.		K&S Power Tongs Ltd.										
1300, 700 9th Avenue SW		3614 - 63rd Ave Close										
Calgary, AB	POSTAL CODE T2P 3V4	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b>  <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b>  <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b>  <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)	<b>AVIVA Insurance Co of Canada</b>  <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>						
<input checked="" type="checkbox"/>				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>						
<input checked="" type="checkbox"/>				Equipment	<b>5,000</b>	<b>726,317</b>						
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
Devon Canada Corporation		K&S Power Tongs Ltd.										
2000, 400 - 3rd Avenue		3614 - 63rd Ave Close										
Calgary, AB	POSTAL CODE T2P 4H2	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>						
<input checked="" type="checkbox"/>				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>						
<input checked="" type="checkbox"/>				Equipment	<b>5,000</b>	<b>726,317</b>						
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										



# CERTIFICATE OF LIABILITY INSURANCE

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This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
Murphy Oil Corporation		K&S Power Tongs Ltd.										
Box 2721 Stn Main		3614 - 63rd Ave Close										
Calgary, AB	POSTAL CODE T2P 3Y3	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>						
<input checked="" type="checkbox"/>				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>						
<input checked="" type="checkbox"/>				Equipment	<b>5,000</b>	<b>726,317</b>						
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Potash Corporation of Saskatchewan, Inc.	K&S Power Tongs Ltd.
122 - 1st Avenue South	3614 - 63rd Ave Close
Saskatoon, SK	Lloydminster, AB
POSTAL CODE S7K 7G3	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Additional Insured and Waiver of Subrogation is in favour of Potash Corporation of Saskatchewan, Inc. - Primary and Non-Contributory Clause and Blanket Contractual Liability is included under CGL.	

4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> S&A Pollution Included	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
	with respect to work performed
#201, 1430 - 91 St. SW	on behalf or by the Named
Edmonton, AB	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	POSTAL CODE

8. CERTIFICATE AUTHORIZATION			
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S)	TYPE <b>Fax</b>	NO. <b>780-424-4612</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE <b>Business</b>	NO. <b>780-428-7256</b>	TYPE <b>Fax</b>
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b>	EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>	



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Gibson Energy Partnership	K&S Power Tongs Ltd.
1700-440 2 Avenue SW	3614 - 63rd Ave Close
Calgary, AB	Lloydminster, AB
POSTAL CODE T2P 5E9	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Gibson Energy Partnership is added as Additional Insured and a Waiver of Subrogation applies with respect to work performed under contract by the Named Insured. CGL includes Contingent Employers Liability, Blanket Contractual Liability, Cross-Liability, Insurance is Primary & Non-Contributory.	
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

### 5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
	with respect to work performed
#201, 1430 - 91 St. SW	on behalf or by the Named
Edmonton, AB	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	POSTAL CODE
8. CERTIFICATE AUTHORIZATION	
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S) TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b> EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Saskenergy Incorporated	K&S Power Tongs Ltd.
1777 Victoria Avenue	3614 - 63rd Ave Close
Regina, SK	Lloydminster, AB
POSTAL CODE S4P 4K5	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Additional Insured and Waiver of Subrogation is infavour of Saskenergy Incorporated - Contractual Liability Included	

4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
	with respect to work performed
#201, 1430 - 91 St. SW	on behalf or by the Named
Edmonton, AB	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	

8. CERTIFICATE AUTHORIZATION	
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S) TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b> EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>





# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Penn West Petroleum Ltd.	K&S Power Tongs Ltd.
207 - 9th Avenue SW, Suite 200	3614 - 63rd Ave Close
Calgary, AB	Lloydminster, AB
POSTAL CODE T2P 1K3	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Additional Insured and Waiver of Subrogation is in favour of Penn West Petroleum Ltd.	

4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> S&A Pollution Included	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
	with respect to work performed
#201, 1430 - 91 St. SW	on behalf or by the Named
Edmonton, AB	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	

8. CERTIFICATE AUTHORIZATION	
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S) TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b> EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
Deltastream Energy Corporation		K&S Power Tongs Ltd.										
1950, 633 - 6th Avenue SW		3614 - 63rd Ave Close										
Calgary, AB	POSTAL CODE T2P 2Y5	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>						
<input checked="" type="checkbox"/>				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>						
<input checked="" type="checkbox"/>				Equipment	<b>5,000</b>	<b>726,317</b>						
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										





# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS								
Canadian Natural Resources Limited		K&S Power Tongs Ltd.								
2500, 855 - 2nd Street SW		3614 - 63rd Ave Close								
Calgary, AB	POSTAL CODE T2P 4J8	Lloydminster, AB	POSTAL CODE T9V 2W1							
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)										
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.										
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS										
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)						
				COVERAGE	DED.	AMOUNT OF INSURANCE				
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>				
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>				
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>				
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>				
				MEDICAL PAYMENTS		<b>25,000</b>				
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>				
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>				
				NON OWNED AUTOMOBILE		<b>2,000,000</b>				
				<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
								BODILY INJURY (PER PERSON)		
BODILY INJURY (PER ACCIDENT)										
PROPERTY DAMAGE										
EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>								
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	AGGREGATE						
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>				
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>				
				Equipment	<b>5,000</b>	<b>726,317</b>				
5. CANCELLATION										
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.										
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)								
CMB Insurance Brokers		Certificate Holder but only								
		with respect to work performed								
#201, 1430 - 91 St. SW		on behalf or by the Named								
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)								
BROKER CLIENT ID: K&SPO-1		POSTAL CODE								
8. CERTIFICATE AUTHORIZATION										
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)								
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>								
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.								
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>								



1.	CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2.	INSURED'S FULL NAME AND MAILING ADDRESS
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Nexen Energy ULC (Canadian Division)		K&S Power Tongs Ltd.	
2900, 801 - 7 Ave SW		3614 - 63rd Ave Close	
Calgary, AB	POSTAL CODE T2P 3P7	Lloydminster, AB	POSTAL CODE T9V 2W1

3.	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
<div style="height: 100px;"></div>	

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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE      OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY   <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON-OWNED AUTOMOBILES		
				HIRED AUTOMOBILES		
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	<b>AVIVA Insurance Co of Canada 6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	<b>Forest Fire Fighting</b>		<b>500,000</b>
<input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	<b>Motor Truck Cargo</b>	<b>1,000</b>	<b>50,000</b>
<input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	<b>Equipment</b>	<b>5,000</b>	<b>726,317</b>

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers		Certificate Holder but only
		with respect to work performed
#201, 1430 - 91 St. SW		on behalf or by the Named
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1		POSTAL CODE

8.	CERTIFICATE AUTHORIZATION				
ISSUER	<b>CMB Insurance Brokers</b>	CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE	<b>Amar Dhinsa</b>	TYPE <b>Business</b>	NO. <b>780-428-7256</b>	TYPE <b>Fax</b>	NO. <b>780-424-4612</b>
		TYPE	NO.	TYPE	NO.

DATE **19/01/09** EMAIL ADDRESS **adhinsa@cmbinsurance.ca**



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Cona Resources Ltd.	K&S Power Tongs Ltd.
2100, 440 - 2nd Avenue SW	3614 - 63rd Ave Close
Calgary, AB	Lloydminster, AB
POSTAL CODE T2P 5E9	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Cona Resources Ltd. are added as Additional Insured with respect to work performed under contract by the Named Insured	

4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		<b>5,000,000</b>
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> S&A Pollution Included	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
	with respect to work performed
#201, 1430 - 91 St. SW	on behalf or by the Named
Edmonton, AB	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	POSTAL CODE

8. CERTIFICATE AUTHORIZATION	CONTACT NUMBER(S)		
ISSUER <b>CMB Insurance Brokers</b>	TYPE <b>Business</b>	NO. <b>780-428-7256</b>	TYPE <b>Fax</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE	NO.	NO. <b>780-424-4612</b>
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b>	EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>	



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
Suncor Energy c/o PICS		K&S Power Tongs Ltd.										
P.O. Box 51387		3614 - 63rd Ave Close										
Irvine, CA	POSTAL CODE 92619	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>						
<input checked="" type="checkbox"/>				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>						
<input checked="" type="checkbox"/>				Equipment	<b>5,000</b>	<b>726,317</b>						
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Husky Oil Operations Limited	K&S Power Tongs Ltd.
707 8th Ave. S.W. 19th Floor	3614 - 63rd Ave Close
Calgary, AB	Lloydminster, AB
POSTAL CODE T2P 3G7	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Husky Oil Operations Limited is added as Additional Insured and a Waiver of Subrogation applies in their favor with respect to work performed under contract by the Named Insured.	

4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		<b>5,000,000</b>
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Equipment	<b>5,000</b>	<b>726,317</b>

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
#201, 1430 - 91 St. SW	with respect to work performed
Edmonton, AB	on behalf or by the Named
POSTAL CODE T6X 1M5	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	POSTAL CODE

8. CERTIFICATE AUTHORIZATION	CONTACT NUMBER(S)		
ISSUER <b>CMB Insurance Brokers</b>	TYPE <b>Business</b>	NO. <b>780-428-7256</b>	TYPE <b>Fax</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE	NO.	NO. <b>780-424-4612</b>
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b>	EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>	



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
Gear Energy Ltd.		K&S Power Tongs Ltd.										
1600, 202 - 6th Ave SW		3614 - 63rd Ave Close										
Calgary, AB	POSTAL CODE T2P 2R9	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>						
<input checked="" type="checkbox"/>				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>						
<input checked="" type="checkbox"/>				Equipment	<b>5,000</b>	<b>726,317</b>						
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										





# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
<b>Enerplus Corporation</b>	<b>K&amp;S Power Tongs Ltd.</b>
<b>#3000, 333 - 7th Avenue SW</b>	<b>3614 - 63rd Ave Close</b>
<b>Calgary, AB</b>	<b>Lloydminster, AB</b>
POSTAL CODE <b>T2P 2Z1</b>	POSTAL CODE <b>T9V 2W1</b>
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
<b>Enerplus Corporation is added as Additional Insured with respect to work performed under contract by the Named Insured.</b>	

## 4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

### LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		<b>5,000,000</b>
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

## 5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
<b>CMB Insurance Brokers</b>	<b>Certificate Holder but only</b>
	<b>with respect to work performed</b>
<b>#201, 1430 - 91 St. SW</b>	<b>on behalf or by the Named</b>
<b>Edmonton, AB</b>	<b>Insured (CGL Only)</b>
POSTAL CODE <b>T6X 1M5</b>	
BROKER CLIENT ID: <b>K&amp;SPO-1</b>	POSTAL CODE

8. CERTIFICATE AUTHORIZATION			
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S)		
	TYPE <b>Business</b> NO. <b>780-428-7256</b>	TYPE <b>Fax</b>	NO. <b>780-424-4612</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE	NO.	TYPE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b>	EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>	



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Repsol Oil & Gas Canada Inc.	K&S Power Tongs Ltd.
Suite 2000	
888 - 3rd Street SW	3614 - 63rd Ave Close
Calgary, AB	Lloydminster, AB
POSTAL CODE T2P 5C5	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Additional Insured and Waiver of Subrogation is in favour of Repsol Oil & Gas Canada Inc. PRIMARY/NON-CONTRIBUTORY clause included under the CGL	
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.	

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

5. CANCELLATION	
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.	
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
	with respect to work performed
#201, 1430 - 91 St. SW	on behalf or by the Named
Edmonton, AB	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	POSTAL CODE
8. CERTIFICATE AUTHORIZATION	
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S)
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>
SIGNATURE OF AUTHORIZED REPRESENTATIVE	TYPE NO. TYPE NO.
DATE <b>19/01/09</b>	EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
Whitecap Resources Inc.		K&S Power Tongs Ltd.										
#3800, 525 - 8th Avenue SW		3614 - 63rd Ave Close										
Calgary, AB	POSTAL CODE T2P 1G1	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>						
<input checked="" type="checkbox"/>				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>						
<input checked="" type="checkbox"/>				Equipment	<b>5,000</b>	<b>726,317</b>						
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
<b>Crescent Point Resources Partnership</b>	<b>K&amp;S Power Tongs Ltd.</b>
<b>2000, 585 - 8th Avenue S.W.</b>	<b>3614 - 63rd Ave Close</b>
<b>Calgary, AB</b>	<b>Lloydminster, AB</b>
POSTAL CODE <b>T2P 1G1</b>	POSTAL CODE <b>T9V 2W1</b>
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
<b>Crescent Point Resources Partnership are added as Additional Insured and a Waiver of Subrogation applies in their favor with respect to work performed under contract by the Named Insured</b>	

4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
<b>CMB Insurance Brokers</b>	<b>Certificate Holder but only</b>
	<b>with respect to work performed</b>
<b>#201, 1430 - 91 St. SW</b>	<b>on behalf or by the Named</b>
<b>Edmonton, AB</b>	<b>Insured (CGL Only)</b>
POSTAL CODE <b>T6X 1M5</b>	
BROKER CLIENT ID: <b>K&amp;SPO-1</b>	POSTAL CODE
8. CERTIFICATE AUTHORIZATION	
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S) TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b> EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Agrium Potash Ltd.	K&S Power Tongs Ltd.
Bag 20	3614 - 63rd Ave Close
Redwater, AB	Lloydminster, AB
POSTAL CODE T0A2W0	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Agrium Potash Ltd. are added as Additional Insured with respect to work performed under contract by the Named Insured	

## 4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

### LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		<b>5,000,000</b>
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

## 5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
	with respect to work performed
#201, 1430 - 91 St. SW	on behalf or by the Named
Edmonton, AB	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	POSTAL CODE
8. CERTIFICATE AUTHORIZATION	
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S)
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>
SIGNATURE OF AUTHORIZED REPRESENTATIVE	TYPE NO. TYPE NO.
DATE <b>19/01/09</b>	EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
BHP Billiton Canada Inc.		K&S Power Tongs Ltd.										
200 - 475 2nd Ave South		3614 - 63rd Ave Close										
Saskatoon, SK	POSTAL CODE S7K 1P4	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>				
<input checked="" type="checkbox"/>												
<input checked="" type="checkbox"/>												
			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>				
			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Equipment	<b>5,000</b>	<b>726,317</b>				
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										





# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS										
Gensource Potash Corporation		K&S Power Tongs Ltd.										
Suite 1100												
201 - 1st Avenue South		3614 - 63rd Ave Close										
Saskatoon, SK	POSTAL CODE S7K 1J5	Lloydminster, AB	POSTAL CODE T9V 2W1									
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)												
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.												
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)								
				COVERAGE	DED.	AMOUNT OF INSURANCE						
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>						
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>						
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>						
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>						
				MEDICAL PAYMENTS		<b>25,000</b>						
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>						
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>						
				NON OWNED AUTOMOBILE		<b>2,000,000</b>						
				AUTOMOBILE LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES								
<input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES												
<input type="checkbox"/> LEASED AUTOMOBILES **												
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE												
EXCESS LIABILITY			<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
<input checked="" type="checkbox"/> UMBRELLA FORM												
<input checked="" type="checkbox"/> S&A Pollution Included												
OTHER LIABILITY (SPECIFY)	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>						
<input checked="" type="checkbox"/>				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>						
<input checked="" type="checkbox"/>				Equipment	<b>5,000</b>	<b>726,317</b>						
5. CANCELLATION												
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.												
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)										
CMB Insurance Brokers		Certificate Holder but only										
		with respect to work performed										
#201, 1430 - 91 St. SW		on behalf or by the Named										
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)										
BROKER CLIENT ID: K&SPO-1		POSTAL CODE										
8. CERTIFICATE AUTHORIZATION												
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)										
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>										
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.										
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>										



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Savanna Energy Services Corp.	K&S Power Tongs Ltd.
Suite 800, 311 - 6th Avenue S.	3614 - 63rd Ave Close
Calgary, AB	Lloydminster, AB
POSTAL CODE T2P 3H2	POSTAL CODE T9V 2W1
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	
Savanna Energy Services Corp. is added as Additional Insured and a Waiver of Subrogation applies in their favor with respect to work performed under contract by the Named Insured.	

4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

## LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b>  <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> S&A Pollution Included	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>
				Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
				Equipment	<b>5,000</b>	<b>726,317</b>

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
CMB Insurance Brokers	Certificate Holder but only
	with respect to work performed
#201, 1430 - 91 St. SW	on behalf or by the Named
Edmonton, AB	Insured (CGL Only)
BROKER CLIENT ID: K&SPO-1	POSTAL CODE
8. CERTIFICATE AUTHORIZATION	
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S) TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/01/09</b> EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS								
The Mosaic Company and Affiliates		K&S Power Tongs Ltd.								
P.O Box 7500		3614 - 63rd Ave Close								
Regina, SK	POSTAL CODE S4P 4L8	Lloydminster, AB	POSTAL CODE T9V 2W1							
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)										
The Mosaic Company and Affiliates is added as Additional Insured and a Waiver of Subrogation applies in their favor with respect to work performed under contract by the Named Insured.										
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.										
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS										
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)						
				COVERAGE	DED.	AMOUNT OF INSURANCE				
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>				
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>				
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>				
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>				
				MEDICAL PAYMENTS		<b>25,000</b>				
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>				
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>				
				NON OWNED AUTOMOBILE		<b>2,000,000</b>				
				<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	<b>AVIVA Insurance Co of Canada</b> <b>6141231666</b>	<b>19/02/24</b>	<b>20/02/24</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
								BODILY INJURY (PER PERSON)		
BODILY INJURY (PER ACCIDENT)										
PROPERTY DAMAGE										
EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>								
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> <b>S&amp;A Pollution Included</b>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	AGGREGATE						
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Forest Fire Fighting		<b>500,000</b>				
<input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>				
<input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b> <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	Equipment	<b>5,000</b>	<b>726,317</b>				
5. CANCELLATION										
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.										
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)								
CMB Insurance Brokers		Certificate Holder but only								
		with respect to work performed								
#201, 1430 - 91 St. SW		on behalf or by the Named								
Edmonton, AB	POSTAL CODE T6X 1M5	Insured (CGL Only)								
BROKER CLIENT ID: K&SPO-1		POSTAL CODE								
8. CERTIFICATE AUTHORIZATION										
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)								
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>								
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.								
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>								



# CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS				
Nutrien Ltd., its Subsidiaries and Affiliates 122 - 1st Avenue South Suite 500 Saskatoon, SK		K&S Power Tongs Ltd.  3614 - 63rd Ave Close Lloydminster, AB				
POSTAL CODE S7K 7G3		POSTAL CODE T9V 2W1				
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
Nutrien Ltd., its Subsidiaries and Affiliates are added as Additional Insured and a Waiver of Subrogation applies in their favor with respect to work performed under contract by the Named Insured. PRIMARY/ NON-CONTRIBUTORY, CONTRACTUAL LIABILITY included.						
4. 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 requirements, terms or conditions of any contract or other document with respect to which certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.						
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS						
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE Date YYYY/MM/DD	EXPIRY Date YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>AVIVA Insurance Co of Canada</b>  <b>PEN 81723506</b>	<b>19/02/24</b>	<b>20/02/24</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>
				- EACH OCCURRENCE	<b>1,000</b>	<b>2,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>2,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>2,000,000</b>
				MEDICAL PAYMENTS		<b>25,000</b>
				TENANTS LEGAL LIABILITY	<b>1,000</b>	<b>500,000</b>
				POLLUTION LIABILITY EXTENSION	<b>S&amp;A</b>	<b>2,000,000</b>
				NON OWNED AUTOMOBILE		<b>2,000,000</b>
				BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>2,000,000</b>
				BODILY INJURY (PER PERSON)		
BODILY INJURY (PER ACCIDENT)						
PROPERTY DAMAGE						
EACH OCCURRENCE	<b>10,000</b>	<b>3,000,000</b>				
AGGREGATE						
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada PEN 81723506	19/02/24	20/02/24	Forest Fire Fighting		<b>500,000</b>
<input checked="" type="checkbox"/>	AVIVA Insurance Co of Canada PEN 81723506	19/02/24	20/02/24	Motor Truck Cargo	<b>1,000</b>	<b>50,000</b>
<input checked="" type="checkbox"/>	AVIVA Insurance Co of Canada PEN 81723506	19/02/24	20/02/24	Equipment	<b>5,000</b>	<b>726,317</b>
5. CANCELLATION						
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.						
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)				
CMB Insurance Brokers		Certificate Holder but only				
		with respect to work performed				
#201, 1430 - 91 St. SW		on behalf or by the Named				
Edmonton, AB		Insured (CGL Only)				
POSTAL CODE T6X 1M5						
BROKER CLIENT ID: K&SPO-1		POSTAL CODE				
8. CERTIFICATE AUTHORIZATION						
ISSUER <b>CMB Insurance Brokers</b>		CONTACT NUMBER(S)				
AUTHORIZED REPRESENTATIVE <b>Amar Dhinsa</b>		TYPE <b>Business</b> NO. <b>780-428-7256</b> TYPE <b>Fax</b> NO. <b>780-424-4612</b>				
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO. TYPE NO.				
DATE <b>19/01/09</b>		EMAIL ADDRESS <b>adhinsa@cmbinsurance.ca</b>				