

	er of information only and confers	_			y on the insu	irer.		
1. CERTIFICATE HOLDER - NAME AND MAIL	· · · · · · · · · · · · · · · · · · ·		2. INSURED'S FULL NAME AND MAILING ADDRESS					
EOG Resources Canada and		ŀ	(&S Power Tong	as Ltd.				
EOG Resources Canada Inc.								
1300, 700 9th Avenue SW		5	8614 - 63rd Ave	Close				
Calgary, AB	POSTAL T2P		Lloydminster AR POSTALTQV 2W1					
			ERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)					
						<u>.,</u>		
4. COVERAGES								
This is to certify that the policies of in:	surance listed below have been issued to the ins							
or conditions of any contract or other subject to all terms, exclusions and c	document with respect to which certificate may be conditions of such policies.	oe issued or ma	ay pertain. The insuran	ce afforded by the policies described herein	is			
,		LIMITS SHO	OWN MAY HAVE BE	EN REDUCED BY PAID CLAIMS				
TYPE OF INSURANCE	INSURANCE COMPANY	EFFECTI\ Date	/E EXPIRY Date	LIMITS OF LIA (Canadian dollars unless in		se)		
THE ST MOSKARGE	AND POLICY NUMBER	YYYY/MM/E		COVERAGE	DED.	AMOUNT OF INSURANCE		
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of Canada			COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE				
	PEN 81723506	40/00/		LIABILITY - GENERAL AGGREGATE		5,000,000		
CLAIMS MADE OR X OCCURRENCE X PRODUCTS AND / OR COMPLETED OPERATIONS		19/02/2	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000		
X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	3	2,000,000		
CROSS LIABILITY				PERSONAL INJURY LIABILITY				
				OR PERSONAL AND ADVERTISING INJURY		2,000,000		
				LIABILITY MEDICAL PAYMENTS		25,000		
M TENANTO I FOAL LIADILITY					1,000	500,000		
X TENANTS LEGAL LIABILITY X POLLUTION LIABILITY EXTENSION				TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION	S&A	2,000,000		
				NON OWNED AUTOMOBILE	JAA	, ,		
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED ACTOMOBILE		2,000,000		
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY		2,000,000		
DESCRIBED AUTOMOBILES	6141231666	19/02/2	/24 20/02/24	DAMAGE COMBINED		2,000,000		
ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **				BODILY INJURY (PER PERSON)				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				BODILY INJURY (PER ACCIDENT)				
TO PROVIDE INSURANCE				PROPERTY DAMAGE				
EXCESS LIABILITY	AVIVA Insurance Co of Canada			EACH OCCURRENCE	10,000	3,000,000		
MUMBRELLA FORM	PEN 81723506	19/02/2	24 20/02/24	AGGREGATE				
■ S&A Pollution Included								
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada							
X	PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317		
5. CANCELLATION			<u> </u>					
Should any of the above described pol	licies be cancelled before the expirat	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the		
certificate holder named above, but fai	ilure to mail such notice shall impose	no obligat	ion or liability of a	ny kind upon the company, its ag	ents or repres	sentatives.		
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)				
CMB Insurance Brokers		(Certificate Hol					
		,	with respect to	work performed				
#201, 1430 - 91 St. SW			on behalf or by	•				
	POSTAL TOV 41			*				
Edmonton, AB BROKER CLIENT ID: K&SPO-1	POSTAL T6X 1N	no I	nsured (CGL (yiiiy)		POSTAL		
8. CERTIFICATE AUTHORIZATION						CODE		
			CONTACT NUMBER(S)					
ISSUER CMB Insurance Brokers			TYPE Business NO. 780-428-7256 TYPE Fax NO. 780-424-4612					
AUTHORIZED REPRESENTATIVE Amar Dhins	sa			NO. TYPE	NO			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	*		DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsura	nce.ca		



This certificate is issued as a matt	•		•		e holder and imposes no liabilited by the policies below.	y on the ins	urer.								
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2	2. INSURED'S FULL NAME AND MAILING ADDRESS											
Devon Canada Corporation			K	&S Power Tong	js Ltd.										
2000, 400 - 3rd Avenue			36	614 - 63rd Ave (Close										
Calgary, AB		POSTAL T2P 4H2		Lloydminster, AB POSTAL T9V 2W1											
3. DESCRIPTION OF OPERATIONS/LOCATIO				•		1									
				·	<u> </u>		<u>- </u>								
4. COVERAGES															
	document with respect to which	certificate may be iss	sued or may	pertain. The insurance	d indicated notwithstanding any requiremence afforded by the policies described herein										
			EFFECTIVE		EN REDUCED BY PAID CLAIMS LIMITS OF LIA	BILITY									
TYPE OF INSURANCE	INSURANCE COMP	PANY	Date	Date	(Canadian dollars unless in	dicated otherwi	AMOUNT OF								
	7.11.2.1.02.101.11.01.11	Υ	YYY/MM/DD) YYYY/MM/DD	COVERAGE	DED.	INSURANCE								
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of	f Canada			COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE		E 000 000								
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	1	19/02/24	20/02/24	- GENERAL AGGREGATE	1 000	5,000,000								
PRODUCTS AND / OR COMPLETED OPERATIONS					- EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS	1,000	2,000,000								
M EMPLOYER'S LIABILITY					AGGREGATE	1	2,000,000								
X CROSS LIABILITY					PERSONAL INJURY LIABILITY OR		2,000,000								
					PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000								
					MEDICAL PAYMENTS		25,000								
TENANTS LEGAL LIABILITY					TENANTS LEGAL LIABILITY	1,000	500,000								
X POLLUTION LIABILITY EXTENSION					POLLUTION LIABILITY EXTENSION	S&A	2,000,000								
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES					NON OWNED AUTOMOBILE		2,000,000								
AUTOMOBILE LIABILITY	AVIVA Insurance Co of	f Canada			BODILY INJURY AND PROPERTY		2 000 000								
DESCRIBED AUTOMOBILES	6141231666	1	19/02/24	20/02/24	DAMAGE COMBINED		2,000,000								
ALL OWNED AUTOMOBILES					BODILY INJURY (PER PERSON)										
LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF														BODILY INJURY (PER ACCIDENT)	
30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE					PROPERTY DAMAGE										
EXCESS LIABILITY	AVIVA Insurance Co of	f Canada			EACH OCCURRENCE	10,000	3,000,000								
W UMBRELLA FORM	PEN 81723506	1	19/02/24	20/02/24	AGGREGATE										
■ S&A Pollution Included															
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co o	f Canada													
X	PEN 81723506		19/02/24	20/02/24	Forest Fire Fighting		500,000								
X	AVIVA Insurance Co of PEN 81723506	f Canada 1	19/02/24	20/02/24	Motor Truck Cargo	1,000	50,000								
X	AVIVA Insurance Co of PEN 81723506	f Canada 1	19/02/24	20/02/24	Equipment	5,000	726,317								
5. CANCELLATION															
Should any of the above described pol certificate holder named above, but fai		•		•			ritten notice to the								
6. BROKERAGE/AGENCY FULL NAME AND N		mun impose no	7	ADDITIONAL INS	URED NAME AND MAILING ADDRESS	città di repre	Schlatives.								
CMB Insurance Brokers			C	(but only with respect	to the operations of the Named Insured)										
omb modrance Brokers															
#201, 1430 - 91 St. SW				n behalf or by	work performed the Named										
Edmonton, AB	POS	TAL T6X 1M5		sured (CGL C											
BROKER CLIENT ID: K&SPO-1	COL	,		(• • • • • • • • • • • • • • • • • • • •		POSTAL								
							CODE								
8. CERTIFICATE AUTHORIZATION				CONTACT NUMBER(S)											
ISSUER CMB Insurance Brokers					NO. 780-428-7256 TYPE F	ax NO	780-424-4612								
AUTHORIZED REPRESENTATIVE Amar Dhins	sa .		Т	TYPE	NO. TYPE	NO	-								
SIGNATURE OF AUTHORIZED REPRESENTATIVE	2		E	DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsura	nce.ca								



	ter of information only and confers certificate does not amend, extend				y on the insu	irer.		
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS	:	2. INSURED'S FULL NAME AND MAILING ADDRESS					
Murphy Oil Corporation		K	&S Power Tong	gs Ltd.				
Box 2721 Stn Main		30	614 - 63rd Ave	Close				
Calgary, AB	POSTAL T2P	3Y3 L	Lloydminster, AB POSTAL T9V 2W1					
3. DESCRIPTION OF OPERATIONS/LOCATIO	ONS/AUTOMOBILES/SPECIAL ITEMS TO WHIC	CH THIS CERTI	ERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)					
4. COVERAGES								
	surance listed below have been issued to the inst document with respect to which certificate may be conditions of such policies.	be issued or may	pertain. The insuran					
	INSURANCE COMPANY	EFFECTIVE	EXPIRY	LIMITS OF LIA		\		
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/DI	Date O YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF		
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY		INSURANCE		
	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000		
CLAIMS MADE OR OCCURRENCE	PEN 81723506	19/02/2	4 20/02/24	- EACH OCCURRENCE	1,000	2,000,000		
X PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	3	2,000,000		
X CROSS LIABILITY				PERSONAL INJURY LIABILITY				
				OR PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000		
				MEDICAL PAYMENTS		25,000		
TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000		
POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000		
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000		
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY		2,000,000		
DESCRIBED AUTOMOBILES	6141231666	19/02/2	20/02/24	DAMAGE COMBINED		2,000,000		
ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **				BODILY INJURY (PER PERSON)				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				BODILY INJURY (PER ACCIDENT)				
TO PROVIDE INSURANCE				PROPERTY DAMAGE				
EXCESS LIABILITY	AVIVA Insurance Co of Canada			EACH OCCURRENCE	10,000	3,000,000		
X S&A Pollution Included	PEN 81723506	19/02/2	4 20/02/24	AGGREGATE				
2 30A Foliation included								
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	4 20/02/24	Forest Fire Fighting		500,000		
X	AVIVA Insurance Co of Canada	19/02/2		Motor Truck Cargo	1,000	50,000		
X	PEN 81723506 AVIVA Insurance Co of Canada	19/02/2	4 20/02/24	Equipment	5,000	726,317		
5. CANCELLATION	PEN 81723506	10/02/2	20/02/24	qaip.iioit	0,000	1 = 0,0 11		
Should any of the above described pol	licies he cancelled before the expirat	ion date the	and the issuing	company will endeavor to mail	30 dave w	ritten notice to the		
certificate holder named above, but fai								
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS	7		URED NAME AND MAILING ADDRESS	-			
CMB Insurance Brokers		C	ertificate Hole	to the operations of the Named Insured)				
OMB Insurance Brokers								
#204_4420_04_C4_C\W			•	work performed				
#201, 1430 - 91 St. SW	DOCTAL		n behalf or by	*				
Edmonton, AB BROKER CLIENT ID: K&SPO-1	POSTAL T6X 1N	//5 In	sured (CGL (Only)		POSTAL		
8. CERTIFICATE AUTHORIZATION						CODE		
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S)					
AUTHORIZED REPRESENTATIVE Amar Dhins	sa		TYPE Business	NO. 780-428-7256 TYPE F NO. TYPE	ах по	780-424-4612		
SIGNATURE OF AUTHORIZED REPRESENTATIVE	\mathcal{X}		DATE 19/01					



	er of information only and confers	•	•	•	y on the insu	irer.		
1. CERTIFICATE HOLDER - NAME AND MAIL	<u> </u>		1	L NAME AND MAILING ADDRESS				
Potash Corporation of		r	(&S Power Tong	gs Ltd.				
Saskatchewan, Inc.				-				
122 - 1st Avenue South		3	614 - 63rd Ave	Close				
Saskatoon, SK	POSTAL S7K		loydminster, Al		POS	STAL T9V 2W1		
· ·	DNS/AUTOMOBILES/SPECIAL ITEMS TO WHIC				1 444	-		
Additional Insured and Waiver of Corporation of Saskatchewan, In Blanket Contractual Liability is in	Subrogation is in favour of Pot c Primary and Non-Contributo cluded under CGL.	ash ory Clause	and			. <u>·</u>		
4. COVERAGES								
	surance listed below have been issued to the ins document with respect to which certificate may be conditions of such policies.	oe issued or ma	ay pertain. The insuran					
	INSURANCE COMPANY	EFFECTIV	EXPIRY	LIMITS OF LIA (Canadian dollars unless in				
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/D	Date OD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF		
COMMEDIAL CENEDAL LIABILITY				COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE		
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000		
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/02/2	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000		
X PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS	,	2,000,000		
X CROSS LIABILITY				AGGREGATE PERSONAL INJURY LIABILITY				
				OR PERSONAL AND ADVERTISING INJURY		2,000,000		
				LIABILITY		05.000		
57				MEDICAL PAYMENTS	1 000	25,000		
X TENANTS LEGAL LIABILITY X POLLUTION LIABILITY EXTENSION				TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION	1,000 S&A	500,000 2,000,000		
				NON OWNED AUTOMOBILE	Jaa	, ,		
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED ACTOMOBILE		2,000,000		
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY		2,000,000		
DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES	6141231666	19/02/2	2/24 20/02/24	DAMAGE COMBINED BODILY INJURY (PER PERSON)				
LEASED AUTOMOBILES **								
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				BODILY INJURY (PER ACCIDENT)				
TO PROVIDE INSURANCE				PROPERTY DAMAGE	40.000	2 000 000		
EXCESS LIABILITY W UMBRELLA FORM	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	20/02/24	EACH OCCURRENCE	10,000	3,000,000		
■ S&A Pollution Included	1 217 217 2000	19/02/2	24 20/02/24	AGGREGATE				
/								
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada	40/00/0	00/00/04	E (E E L.		F00 000		
X	PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317		
5. CANCELLATION		1		1		1		
Should any of the above described pol	licies be cancelled before the expirat	ion date the	reof, the issuing	company will endeavor to mail	30 days w	ritten notice to the		
certificate holder named above, but fai	ilure to mail such notice shall impose	no obligati	ion or liability of a	ny kind upon the company, its ag	ents or repres	sentatives.		
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			SURED NAME AND MAILING ADDRESS t to the operations of the Named Insured)				
CMB Insurance Brokers		C	Certificate Hol					
		v	vith respect to	work performed				
#201, 1430 - 91 St. SW			on behalf or by	•				
	POSTAL T6X 1N			•				
Edmonton, AB BROKER CLIENT ID: K&SPO-1	CODE 16X 1N	no I	nsured (CGL (omy)		POSTAL		
8. CERTIFICATE AUTHORIZATION						CODE		
ISSUER CMB Insurance Brokers				CONTACT NUMBER(S)				
AUTHORIZED REPRESENTATIVE Amar Dhins	22		TYPE Business	NO. 780-428-7256 TYPE F	ax no	780-424-4612		
SIGNATURE OF	~		DATE 19/01					
AUTHORIZED REPRESENTATIVE	7		DATE 13/01	EMAIL ADDRESS QUITITISA	- Jiiibiii Julai	100.00		



	er of information only and confers	-	•	•	y on the insu	ırer.
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2. INSURED'S FULI	NAME AND MAILING ADDRESS		
Gibson Energy Partnership		ı	K&S Power Tong	gs Ltd.		
1700-440 2 Avenue SW		;	3614 - 63rd Ave	Close		
Calgary, AB	POSTAL T2P (5E9	Lloydminster, Al	3	POS	STAL T9V 2W1
	ONS/AUTOMOBILES/SPECIAL ITEMS TO WHIC		TIFICATE APPLIES (bu	t only with respect to the operations of th		
Gibson Energy Partnership is added Subrogation applies with respect to Named Insured, CGL includes Contin Contractual Liability, Cross-Liability, Contributory.	as Additional Insured and a Waive work performed under contract by ngent Employers Liability, Blanket Insurance is Primary & Non-	r of the				
4. COVERAGES						
	surance listed below have been issued to the ins document with respect to which certificate may bonditions of such policies.	oe issued or m	ay pertain. The insuran			
	INSURANCE COMPANY	EFFECTI		LIMITS OF LIA (Canadian dollars unless in		se)
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/	Date DD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY	AVIIVA Incurence Co of Counds			COMMERCIAL GENERAL LIABILITY		INSURANCE
	AVIVA Insurance Co of Canada	40/00/		BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000
CLAIMS MADE OR X OCCURRENCE X PRODUCTS AND / OR COMPLETED OPERATIONS	PEN 81723506	19/02/	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000
X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	i	2,000,000
X CROSS LIABILITY				PERSONAL INJURY LIABILITY OR		2 000 000
				PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000
				MEDICAL PAYMENTS		25,000
X TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000
POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada 6141231666	40/00/	00/00/04	BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000
X DESCRIBED AUTOMOBILES X ALL OWNED AUTOMOBILES	0141231000	19/02/	20/02/24	BODILY INJURY (PER PERSON)		
LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)		
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				PROPERTY DAMAGE		
EXCESS LIABILITY	AVIVA Insurance Co of Canada			EACH OCCURRENCE	10,000	3,000,000
▼ UMBRELLA FORM	PEN 81723506	19/02/	24 20/02/24	AGGREGATE	,	
▼ S&A Pollution Included						
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada					-
X	PEN 81723506	19/02/	24 20/02/24	Forest Fire Fighting		500,000
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/	24 20/02/24	Motor Truck Cargo	1,000	50,000
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/	24 20/02/24	Equipment	5,000	726,317
5. CANCELLATION	T EN 01723300	I				
Should any of the above described pol	licies be cancelled before the expirati	ion date th	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the
certificate holder named above, but fai	ilure to mail such notice shall impose	no obligat		, , , , ,	ents or repres	sentatives.
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)		
CMB Insurance Brokers			Certificate Hol	der but only		
		,	with respect to	work performed		
#201, 1430 - 91 St. SW			on behalf or by	the Named		
Edmonton, AB	POSTAL T6X 1N	15	Insured (CGL (Only)		
BROKER CLIENT ID: K&SPO-1	55002		•	**		POSTAL CODE
8. CERTIFICATE AUTHORIZATION						
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S) TYPE Business	NO. 780-428-7256 TYPE F	ax NO	780-424-4612
AUTHORIZED REPRESENTATIVE Amar Dhins	ea			NO. TYPE	NO	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	χ		DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsura	nce.ca



This certificate is issued as a matt	er of information only and certificate does not amend,	•	•		-	y on the ins	surer.				
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS								
Saskenergy Incorporated			K&S Power Tongs Ltd.								
1777 Victoria Avenue			3614	4 - 63rd Ave (Close						
Regina, SK	POS COD	TAL S4P 4K5	Lloy	dminster, AE	3	P	OSTAL T9V 2W1				
3. DESCRIPTION OF OPERATIONS/LOCATIO				ATE APPLIES (but	t only with respect to the operations of th	e Named Insu	red)				
Additional Insured and Waiver of Incorporated - Contractual Liabili	Subrogation is infavour ty Included	of Saskenergy	/								
4. COVERAGES											
· · ·	document with respect to which certification	ficate may be issued or	may pe	rtain. The insurance	d indicated notwithstanding any requiremen be afforded by the policies described herein EN REDUCED BY PAID CLAIMS						
		EFFEC		EXPIRY	LIMITS OF LIA	BILITY					
TYPE OF INSURANCE	INSURANCE COMPAN' AND POLICY NUMBER	Y Date	•	Date	(Canadian dollars unless in		vise) AMOUNT OF				
		T T T T/IVII	M/UU	YYYY/MM/DD	COVERAGE COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE				
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of Ca	anada			BODILY INJURY AND PROPERTY DAMAGE		5,000,000				
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/02	2/24	20/02/24	- GENERAL AGGREGATE - EACH OCCURRENCE	1,000	2,000,000				
PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY					PRODUCTS AND COMPLETED OPERATIONS	'	2,000,000				
CROSS LIABILITY					AGGREGATE PERSONAL INJURY LIABILITY						
					OR PERSONAL AND ADVERTISING INJURY		2,000,000				
					LIABILITY MEDICAL PAYMENTS		25,000				
TENANTS LEGAL LIABILITY					TENANTS LEGAL LIABILITY	1,000	500,000				
X POLLUTION LIABILITY EXTENSION					POLLUTION LIABILITY EXTENSION	S&A	2,000,000				
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES					NON OWNED AUTOMOBILE		2,000,000				
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Ca	anada			BODILY INJURY AND PROPERTY		, ,				
X DESCRIBED AUTOMOBILES	6141231666		19/02/24 20/0	20/02/24	DAMAGE COMBINED		2,000,000				
ALL OWNED AUTOMOBILES					BODILY INJURY (PER PERSON)						
LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF										BODILY INJURY (PER ACCIDENT)	
30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE					PROPERTY DAMAGE						
EXCESS LIABILITY	AVIVA Insurance Co of Ca	anada			EACH OCCURRENCE	10,000	3,000,000				
UMBRELLA FORM	PEN 81723506	19/02	2/24	20/02/24	AGGREGATE						
■ S&A Pollution Included											
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Ca	anada									
X	PEN 81723506	19/02	2/24	20/02/24	Forest Fire Fighting		500,000				
X	AVIVA Insurance Co of Ca PEN 81723506	anada 19/02	2/24	20/02/24	Motor Truck Cargo	1,000	50,000				
X	AVIVA Insurance Co of Ca PEN 81723506	anada 19/02	2/24	20/02/24	Equipment	5,000	726,317				
5. CANCELLATION											
Should any of the above described pol certificate holder named above, but fai		•					written notice to the esentatives.				
6. BROKERAGE/AGENCY FULL NAME AND I			7.	ADDITIONAL INS	URED NAME AND MAILING ADDRESS to the operations of the Named Insured)						
CMB Insurance Brokers				, , ,	der but only						
			with	respect to	work performed						
#201, 1430 - 91 St. SW			on I	behalf or by	the Named						
Edmonton, AB	POSTAL CODE	T6X 1M5	Insu	ured (CGL C	Only)						
BROKER CLIENT ID: K&SPO-1	1.1.12						POSTAL CODE				
8. CERTIFICATE AUTHORIZATION											
ISSUER CMB Insurance Brokers				ITACT NUMBER(S)							
AUTHORIZED REPRESENTATIVE Amar Dhins	 sa		TYP TYP		NO. 780-428-7256 TYPE F NO. TYPE		NO.780-424-4612 NO.				
SIGNATURE OF			DAT	E 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsur	ance.ca				
AUTHORIZED REPRESENTATIVE					· · · · · · · · · · · · · · · · · · ·	-					



	er of information only and confers	_			y on the insu	irer.		
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS					
Penn West Petroleum Ltd.		ŀ	K&S Power Tong	gs Ltd.				
207 - 9th Avenue SW, Suite 200		3	3614 - 63rd Ave	Close				
Calgary, AB	POSTAL T2P	1K3 L	Lloydminster, AB POSTAL T9V 2W1					
I I	ONS/AUTOMOBILES/SPECIAL ITEMS TO WHIC		TIFICATE APPLIES (bu	t only with respect to the operations of th	ne Named Insure	d)		
Additional Insured and Waiver of Petroleum Ltd.	Subrogation is in favour of Per	nn West						
4. COVERAGES								
	surance listed below have been issued to the ins document with respect to which certificate may be conditions of such policies.	oe issued or ma	ay pertain. The insuran					
	INSURANCE COMPANY	EFFECTIV	/E EXPIRY	LIMITS OF LIA		20)		
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/E	Date DD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF		
COMMERCIAL GENERAL LIABILITY	AV///A			COMMERCIAL GENERAL LIABILITY		INSURANCE		
	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000		
CLAIMS MADE OR X OCCURRENCE X PRODUCTS AND / OR COMPLETED OPERATIONS	PEN 81723506	19/02/2	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000		
X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	;	2,000,000		
X CROSS LIABILITY				PERSONAL INJURY LIABILITY OR		2 000 000		
				PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000		
				MEDICAL PAYMENTS		25,000		
X TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000		
POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000		
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000		
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada 6141231666	40/00/	00/00/04	BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000		
DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES	0141231000	19/02/2	24 20/02/24	BODILY INJURY (PER PERSON)				
LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				PROPERTY DAMAGE				
EXCESS LIABILITY	AVIVA Insurance Co of Canada			EACH OCCURRENCE	10,000	3,000,000		
M UMBRELLA FORM	PEN 81723506	19/02/2	24 20/02/24	AGGREGATE	,	, ,		
▼ S&A Pollution Included								
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada							
X	PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317		
5. CANCELLATION	11 211 011 20000	l				1		
Should any of the above described po	licies be cancelled before the expirat	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the		
certificate holder named above, but fa	ilure to mail such notice shall impose	no obligat		, , , , ,	ents or repres	sentatives.		
6. BROKERAGE/AGENCY FULL NAME AND	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)				
CMB Insurance Brokers		(Certificate Hole	der but only				
		V	with respect to	work performed				
#201, 1430 - 91 St. SW		C	on behalf or by	the Named				
Edmonton, AB	POSTAL T6X 1N	15 I	nsured (CGL (Only)				
BROKER CLIENT ID: K&SPO-1	1.77			-		POSTAL CODE		
8. CERTIFICATE AUTHORIZATION								
ISSUER CMB Insurance Brokers				NO. 780-428-7256 TYPE F		780-424-4612		
AUTHORIZED REPRESENTATIVE Amar Dhins	sa			NO. TYPE	NO.			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	*		DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsurar	nce.ca		



	er of information only and confers	_	-		y on the insu	irer.		
1. CERTIFICATE HOLDER - NAME AND MAIL	<u> </u>		2. INSURED'S FULL NAME AND MAILING ADDRESS					
Deltastream Energy Corporation		ı	K&S Power Tong	gs Ltd.				
1950, 633 - 6th Avenue SW		;	3614 - 63rd Ave	Close				
Calgary, AB	POSTAL T2P 2		Lloydminster, Al		POS	STAL T9V 2W1		
	DNS/AUTOMOBILES/SPECIAL ITEMS TO WHIC							
			<u> </u>			<u> </u>		
4. COVERAGES								
	surance listed below have been issued to the ins document with respect to which certificate may be conditions of such policies.	oe issued or m	ay pertain. The insuran					
	INSURANCE COMPANY	EFFECTIV	VE EXPIRY	LIMITS OF LIA		20)		
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/I	Date DD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF		
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY	525.	INSURANCE		
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000		
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/02/2	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000		
X PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS	3	2,000,000		
X CROSS LIABILITY				AGGREGATE PERSONAL INJURY LIABILITY		_,,,,,,,		
				OR PERSONAL AND ADVERTISING INJURY		2,000,000		
				LIABILITY		25,000		
M TENANTO I FOAL LIABILITY				MEDICAL PAYMENTS	1,000	500,000		
X TENANTS LEGAL LIABILITY X POLLUTION LIABILITY EXTENSION				TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION	1,000 S&A	2,000,000		
				NON OWNED AUTOMOBILE	Jun	, ,		
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES						2,000,000		
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada 6141231666			BODILY INJURY AND PROPERTY		2,000,000		
DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES	0141231000	19/02/2	24 20/02/24	DAMAGE COMBINED BODILY INJURY (PER PERSON)		, ,		
LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				,				
TO PROVIDE INSURANCE EXCESS LIABILITY				PROPERTY DAMAGE	10.000	3 000 000		
W UMBRELLA FORM	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	EACH OCCURRENCE	10,000	3,000,000		
		19/02/	20/02/24	AGGREGATE				
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada	40/00/	20/02/24	Farant Fire Firebling		500,000		
X	PEN 81723506	19/02/2		Forest Fire Fighting				
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317		
5. CANCELLATION	T EN 01723300	I			1			
Should any of the above described pol	licies be cancelled before the expirati	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the		
certificate holder named above, but fai	ilure to mail such notice shall impose	no obligat	ion or liability of a	ny kind upon the company, its ag	ents or repres	sentatives.		
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)				
CMB Insurance Brokers			Certificate Hol					
		,	with respect to	work performed				
#201, 1430 - 91 St. SW			on behalf or by	•				
	POSTAL T6X 1N			*				
Edmonton, AB BROKER CLIENT ID: K&SPO-1	CODE TOX TIV	115	Insured (CGL (oniy)		POSTAL CODE		
8. CERTIFICATE AUTHORIZATION						1		
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S)					
AUTHORIZED REPRESENTATIVE Amar Dhins	a			NO. 780-428-7256 TYPE F NO. TYPE	ax NO	780-424-4612		
SIGNATURE OF AUTHORIZED REPRESENTATIVE	\times		DATE 19/01	/09 EMAIL ADDRESS adhinsa(@cmbinsura	nce.ca		



		er of information only and confers	-	-		- '	y on the insi	urer.	
1.	CERTIFICATE HOLDER - NAME AND MAIL	•		2. INSURED'S FULL NAME AND MAILING ADDRESS					
Ca	nadian Natural Resources			K&S	Power Tong	as Ltd.			
Lir	nited								
250	00, 855 - 2nd Street SW			3614	L - 63rd Ave (Close			
	lgary, AB	POSTAL T2P	4.18	3614 - 63rd Ave Close Lloydminster, AB POSTAL T9V 2W1					
3.	1			ERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)					
						tony manyospoote are operatione or a		,	
4.	COVERAGES								
	•	surance listed below have been issued to the ins document with respect to which certificate may to onditions of such policies.	oe issued or i	may pe	rtain. The insurance				
			EFFECT		EXPIRY	LIMITS OF LIA			
	TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	Date		Date	(Canadian dollars unless in		se) AMOUNT OF	
			YYYY/MN	טטיוי	YYYY/MM/DD	COVERAGE COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE	
CC	MMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of Canada				BODILY INJURY AND PROPERTY DAMAGE		5,000,000	
	CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/02	/24	20/02/24	- GENERAL AGGREGATE - EACH OCCURRENCE	1,000	2,000,000	
	PRODUCTS AND / OR COMPLETED OPERATIONS					PRODUCTS AND COMPLETED OPERATIONS	1 '	<u> </u>	
	EMPLOYER'S LIABILITY					AGGREGATE		2,000,000	
A	CROSS LIABILITY					PERSONAL INJURY LIABILITY OR PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000	
						MEDICAL PAYMENTS		25,000	
	TENANTS LEGAL LIABILITY					TENANTS LEGAL LIABILITY	1,000	500,000	
	POLLUTION LIABILITY EXTENSION					POLLUTION LIABILITY EXTENSION	S&A	2,000,000	
	NON-OWNED AUTOMOBILES HIRED AUTOMOBILES					NON OWNED AUTOMOBILE	June		
								2,000,000	
AU	TOMOBILE LIABILITY DESCRIBED AUTOMOBILES	AVIVA Insurance Co of Canada 6141231666	19/02	10.4	20/02/24	BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000	
X		0141201000	19/02	2/24 20/02/24	BODILY INJURY (PER PERSON)				
	LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)				
30 D	L AUTOMOBILES LEASED IN EXCESS OF AYS WHERE THE INSURED IS REQUIRED					, ,			
	PROVIDE INSURANCE CESS LIABILITY					PROPERTY DAMAGE	40.000	2 000 000	
	UMBRELLA FORM	AVIVA Insurance Co of Canada PEN 81723506	19/02	0/04	00/00/04	EACH OCCURRENCE	10,000	3,000,000	
l	S&A Pollution Included	1 21 617 2000	19/02	124	20/02/24	AGGREGATE			
ОТІ	HER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada PEN 81723506	19/02	124	20/02/24	Forest Fire Fighting		500,000	
X		AVIVA Insurance Co of Canada	19/02		20/02/24	Motor Truck Cargo	1,000	50,000	
X		PEN 81723506 AVIVA Insurance Co of Canada	19/02			Equipment	5,000	726,317	
		PEN 81723506	19/02	124	20/02/24	Equipment	3,000	120,311	
	CANCELLATION						20 .		
		licies be cancelled before the expirat lure to mail such notice shall impose						ritten notice to the	
	, , , , , , , , , , , , , , , , , , ,		i ilo obliga	т т		URED NAME AND MAILING ADDRESS	ents of repre	sentatives.	
6.	BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS				to the operations of the Named Insured)			
CI	MB Insurance Brokers			Cer	tificate Hole	der but only			
				with	respect to	work performed			
#2	01, 1430 - 91 St. SW			on b	pehalf or by	the Named			
Ed	monton, AB	POSTAL T6X 1N	15	Insu	ıred (CGL C	Only)			
BR	OKER CLIENT ID: K&SPO-1							POSTAL CODE	
8.	CERTIFICATE AUTHORIZATION								
IS	SUER CMB Insurance Brokers			CONTACT NUMBER(S) TYPE Business No. 780-428-7256 TYPE Fax No. 780-424-4612					
Al	JTHORIZED REPRESENTATIVE Amar Dhins	a		TYPI		NO. TYPE	NC NC		
	GNATURE OF JTHORIZED REPRESENTATIVE	2		DAT	19/01	/09 EMAIL ADDRESS adhinsa(@cmbinsura	nce.ca	



		er of information only and confers	_	-		-	y on the ins	urer.	
1.		·		2. INSURED'S FULL NAME AND MAILING ADDRESS					
Ne	xen Energy ULC (Canadian			K&S	Power Tong	gs Ltd.			
Div	vision)								
29	00, 801 - 7 Ave SW			3614	4 - 63rd Ave (Close			
	lgary, AB	POSTAL T2P 3	3P7	Lloydminster AR POSTALTQV 2W1					
3.	1	ONS/AUTOMOBILES/SPECIAL ITEMS TO WHIC			•		1		
					· ·			,	
4.	COVERAGES								
		surance listed below have been issued to the ins document with respect to which certificate may b onditions of such policies.	e issued or i	may pe	rtain. The insurance				
		INSURANCE COMPANY	EFFECT	ΓIVE	EXPIRY	LIMITS OF LIA (Canadian dollars unless in		(se)	
	TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM	1/DD	Date YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF	
CC	DMMERCIAL GENERAL LIABILITY					COMMERCIAL GENERAL LIABILITY		INSURANCE	
	SMINEROIAE GENERAL EIABIETT	AVIVA Insurance Co of Canada				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000	
	CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/02	/24	20/02/24	- EACH OCCURRENCE	1,000	2,000,000	
	PRODUCTS AND / OR COMPLETED OPERATIONS EMPLOYER'S LIABILITY					PRODUCTS AND COMPLETED OPERATIONS	5	2,000,000	
	CROSS LIABILITY					AGGREGATE PERSONAL INJURY LIABILITY		_,,,,,,,,	
						OR PERSONAL AND ADVERTISING INJURY		2,000,000	
						LIABILITY MEDICAL PAYMENTS		25,000	
	TENANTS LEGAL LIABILITY					TENANTS LEGAL LIABILITY	1,000	500,000	
_	POLLUTION LIABILITY EXTENSION					POLLUTION LIABILITY EXTENSION	S&A	2,000,000	
	NON-OWNED AUTOMOBILES HIRED AUTOMOBILES					NON OWNED AUTOMOBILE			
								2,000,000	
AU V	TOMOBILE LIABILITY DESCRIBED AUTOMOBILES	AVIVA Insurance Co of Canada 6141231666	19/02	10.4	20/02/24	BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000	
X		0141201000	19/02	2/24 20/02/24	BODILY INJURY (PER PERSON)				
	LEASED AUTOMOBILES **					BODILY INJURY (PER ACCIDENT)			
30 0	LL AUTOMOBILES LEASED IN EXCESS OF DAYS WHERE THE INSURED IS REQUIRED					PROPERTY DAMAGE			
	PROVIDE INSURANCE CESS LIABILITY	2000					10,000	3,000,000	
	UMBRELLA FORM	AVIVA Insurance Co of Canada PEN 81723506	19/02	00/04	20/02/24	EACH OCCURRENCE	10,000	3,000,000	
l	S&A Pollution Included		19/02	124	20/02/24	AGGREGATE			
ОТІ	HER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada	19/02	124	20/02/24	Forest Fire Fighting		500,000	
X		PEN 81723506 AVIVA Insurance Co of Canada	19/02				1,000	50,000	
		PEN 81723506			20/02/24	Motor Truck Cargo	1		
X		AVIVA Insurance Co of Canada PEN 81723506	19/02	/24	20/02/24	Equipment	5,000	726,317	
	CANCELLATION								
		icies be cancelled before the expirati						ritten notice to the	
	, , , , , , , , , , , , , , , , , , ,	lure to mail such notice shall impose	no obliga	1 1		ny Kind upon the company, its ag URED NAME AND MAILING ADDRESS	ents or repre	sentatives.	
6.	BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS				to the operations of the Named Insured)			
CI	MB Insurance Brokers			Cer	tificate Hole	der but only			
				with	n respect to	work performed			
#2	01, 1430 - 91 St. SW			on I	behalf or by	the Named			
Ec	lmonton, AB	POSTAL T6X 1N	15	Insu	ured (CGL (Only)			
BR	OKER CLIENT ID: K&SPO-1							POSTAL CODE	
8.	CERTIFICATE AUTHORIZATION								
IS	SUER CMB Insurance Brokers			CONTACT NUMBER(S) TYPE Business No. 780-428-7256 TYPE Fax NO. 780-424-4612					
A	UTHORIZED REPRESENTATIVE Amar Dhins	ea		TYP		NO. / 8U-428-/256 TYPE TYPE	ax NO		
	IGNATURE OF UTHORIZED REPRESENTATIVE	χ		DAT	E 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsura	nce.ca	



	er of information only and confers	•	•	•	y on the insu	ırer.		
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS					
Cona Resources Ltd.		ı	K&S Power Tongs Ltd.					
2100, 440 - 2nd Avenue SW		:	3614 - 63rd Ave	Close				
Calgary, AB	POSTAL T2P (5E9 I	Lloydminster, AB POSTAL T9V 2W1					
I I	NS/AUTOMOBILES/SPECIAL ITEMS TO WHIC		•	t only with respect to the operations of the	ne Named Insure	d)		
Cona Resources Ltd. are added a performed under contract by the	s Additional Insured with respe Named Insured	ect to wor	k					
4. COVERAGES								
	surance listed below have been issued to the ins document with respect to which certificate may be onditions of such policies.	oe issued or m	ay pertain. The insuran					
	INSURANCE COMPANY	EFFECTIV	VE EXPIRY	LIMITS OF LIA				
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/I	Date DD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF		
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY		INSURANCE		
COMMENSIAL CENERAL EIABIETT	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000		
CLAIMS MADE OR X OCCURRENCE X PRODUCTS AND / OR COMPLETED OPERATIONS	PEN 81723506	19/02/2	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000		
X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	;	2,000,000		
X CROSS LIABILITY				PERSONAL INJURY LIABILITY				
				OR PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000		
				MEDICAL PAYMENTS		25,000		
TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000		
POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000		
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000		
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY		2,000,000		
DESCRIBED AUTOMOBILES	6141231666	19/02/2	24 20/02/24	DAMAGE COMBINED		2,000,000		
ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **				BODILY INJURY (PER PERSON)				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				BODILY INJURY (PER ACCIDENT)				
TO PROVIDE INSURANCE				PROPERTY DAMAGE	40.000	2 000 000		
EXCESS LIABILITY W UMBRELLA FORM	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	EACH OCCURRENCE	10,000	3,000,000		
		19/02/	20/02/24	AGGREGATE				
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317		
5. CANCELLATION		1	1	1				
Should any of the above described pol	icies be cancelled before the expirat	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the		
certificate holder named above, but fai	lure to mail such notice shall impose	no obligat		, , , ,	ents or repres	sentatives.		
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			SURED NAME AND MAILING ADDRESS to the operations of the Named Insured)				
CMB Insurance Brokers			Certificate Hol	der but only				
		,	with respect to	work performed				
#201, 1430 - 91 St. SW			on behalf or by	the Named				
Edmonton, AB	POSTAL T6X 1N		nsured (CGL (•				
BROKER CLIENT ID: K&SPO-1	CODE 1 924 III	-				POSTAL CODE		
8. CERTIFICATE AUTHORIZATION								
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S)	NO. 780-428-7256 TYPE F	ay No	780-424-4612		
AUTHORIZED REPRESENTATIVE Amar Dhins	a			NO. 700-420-7230 TYPE NO. TYPE	NO NO			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	7		DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsura	nce.ca		



	er of information only and confers	-	-		y on the insu	irer.		
1. CERTIFICATE HOLDER - NAME AND MAIL			2. INSURED'S FULL NAME AND MAILING ADDRESS					
Suncor Energy		ŀ	K&S Power Tongs Ltd.					
c/o PICS			•					
P.O. Box 51387		3	8614 - 63rd Ave (Close				
Irvine, CA	POSTAL 9261	_	Lloydminster AR POSTALTQV 2W1					
· ·			ERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)					
				tony management and operations of a		~,		
. 1								
4. COVERAGES This is to cortifu that the policies of inc	surance listed below have been issued to the ins	surod namod al	have for the policy perio	d indicated natwithstanding any requiremen	te torme			
	document with respect to which certificate may be	be issued or ma	ay pertain. The insuran					
		EFFECTIV		LIMITS OF LIA	BILITY			
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	Date	Date	(Canadian dollars unless in	dicated otherwis	Se) AMOUNT OF		
	,	YYYY/MM/E	DD YYYY/MM/DD	COVERAGE	DED.	INSURANCE		
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of Canada			COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE		5 000 000		
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/02/2	24 20/02/24	LIABILITY - GENERAL AGGREGATE	4 000	5,000,000		
PRODUCTS AND / OR COMPLETED OPERATIONS				- EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS	1,000	2,000,000		
X EMPLOYER'S LIABILITY				AGGREGATE		2,000,000		
CROSS LIABILITY				PERSONAL INJURY LIABILITY OR		2,000,000		
				PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000		
				MEDICAL PAYMENTS		25,000		
X TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000		
X POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000		
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000		
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY		2,000,000		
DESCRIBED AUTOMOBILES	6141231666	19/02/2	20/02/24	DAMAGE COMBINED		_,,,,,,,,		
ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **				BODILY INJURY (PER PERSON)				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				BODILY INJURY (PER ACCIDENT)				
TO PROVIDE INSURANCE				PROPERTY DAMAGE				
EXCESS LIABILITY	AVIVA Insurance Co of Canada			EACH OCCURRENCE	10,000	3,000,000		
W CS A Dollution Included	PEN 81723506	19/02/2	24 20/02/24	AGGREGATE				
■ S&A Pollution Included								
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada							
X	PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317		
5. CANCELLATION	1 21 31/2000							
Should any of the above described pol	licies be cancelled before the expirati	ion date the	ereof, the issuing o	company will endeavor to mail	30 days w	ritten notice to the		
certificate holder named above, but fai						sentatives.		
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)				
CMB Insurance Brokers			Certificate Hole					
				work performed				
#201, 1430 - 91 St. SW			•	<u> </u>				
	POSTAL TAXA 430		on behalf or by	*				
Edmonton, AB BROKER CLIENT ID: K&SPO-1	POSTAL T6X 1N	/15 I	nsured (CGL (Only)		POSTAL CODE		
8. CERTIFICATE AUTHORIZATION						1 3352		
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S)					
AUTHORIZED REPRESENTATIVE Amar Dhins	a		TYPE Business	NO. 780-428-7256 TYPE F NO. TYPE	ax NO.	780-424-4612		
SIGNATURE OF AUTHORIZED REPRESENTATIVE	\times		DATE 19/01	/09 EMAIL ADDRESS adhinsa(nce.ca		



	er of information only and confers	•	•	•	y on the insu	irer.		
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS					
Husky Oil Operations Limited		j	K&S Power Tongs Ltd.					
707 8th Ave. S.W. 19th Floor		3	3614 - 63rd Ave	Close				
Calgary, AB	POSTAL T2P :	3G7 I	Lloydminster, Al	3	POS	STAL T9V 2W1		
	DNS/AUTOMOBILES/SPECIAL ITEMS TO WHIC	CH THIS CERT		t only with respect to the operations of the				
Husky Oil Operations Limited is a Subrogation applies in their favo contract by the Named Insured.	added as Additional Insured and r with respect to work performe	d a Waive d under	r of					
4. COVERAGES								
	surance listed below have been issued to the ins document with respect to which certificate may bonditions of such policies.	oe issued or ma	ay pertain. The insuran					
	INSURANCE COMPANY	EFFECTIV	VE EXPIRY	LIMITS OF LIA		\		
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/I	Date DD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF		
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY		INSURANCE		
COMMENSIAL CENERAL EIABIETT	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000		
CLAIMS MADE OR OCCURRENCE	PEN 81723506	19/02/2	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000		
X PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	;	2,000,000		
X CROSS LIABILITY				PERSONAL INJURY LIABILITY				
				OR PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000		
				MEDICAL PAYMENTS		25,000		
TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000		
POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000		
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000		
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY		2,000,000		
DESCRIBED AUTOMOBILES	6141231666	19/02/2	24 20/02/24	DAMAGE COMBINED		2,000,000		
ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **				BODILY INJURY (PER PERSON)				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				BODILY INJURY (PER ACCIDENT)				
TO PROVIDE INSURANCE				PROPERTY DAMAGE	40.000	2 222 222		
EXCESS LIABILITY W UMBRELLA FORM	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	20/02/24	EACH OCCURRENCE	10,000	3,000,000		
	. 2.00725000	19/02/2	24 20/02/24	AGGREGATE				
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000		
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317		
5. CANCELLATION		1		1	-			
Should any of the above described pol	licies be cancelled before the expirat	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the		
certificate holder named above, but fai	llure to mail such notice shall impose	no obligat		, , , , ,	ents or repres	sentatives.		
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)				
CMB Insurance Brokers		(Certificate Hol	der but only				
		\	with respect to	work performed				
#201, 1430 - 91 St. SW			on behalf or by	the Named				
Edmonton, AB	POSTAL T6X 1N		nsured (CGL (*				
BROKER CLIENT ID: K&SPO-1	CODE			. ,		POSTAL CODE		
8. CERTIFICATE AUTHORIZATION								
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S)	NO 780 429 7256	av	790 404 4640		
AUTHORIZED REPRESENTATIVE Amar Dhins	a			NO. 780-428-7256 TYPE NO. TYPE	• ax No.	780-424-4612		
SIGNATURE OF AUTHORIZED REPRESENTATIVE	X	'	DATE 19/01	/09 EMAIL ADDRESS adhinsa(@cmbinsurar	nce.ca		



This certificate is issued as a matt	•		•		te holder and imposes no liabilited by the policies below.	y on the insu	ırer.			
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2	2. INSURED'S FULL NAME AND MAILING ADDRESS						
Gear Energy Ltd.			K	K&S Power Tongs Ltd.						
1600, 202 - 6th Ave SW			36	614 - 63rd Ave (Close					
Calgary, AB		POSTAL T2P 2R9) LI	Lloydminster, AB POSTAL T9V 2W1						
	NS/AUTOMOBILES/SPECIAL I			CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
4. COVERAGES										
This is to certify that the policies of in:	document with respect to which	certificate may be iss	sued or may	pertain. The insurance	d indicated notwithstanding any requirement the afforded by the policies described herein SEN REDUCED BY PAID CLAIMS					
	INCLIDANCE COM	DANIX	EFFECTIVE	EXPIRY	LIMITS OF LIA					
TYPE OF INSURANCE	INSURANCE COMI AND POLICY NUM	RER	Date YYY/MM/DD	Date YYYY/MM/DD	(Canadian dollars unless in COVERAGE	DED.	AMOUNT OF			
COMMEDIAL OFNEDAL LIABILITY		'	111/14/14/16/20	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE			
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co o	f Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY CENERAL ACCRECATE		5,000,000			
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	1	19/02/24	20/02/24	- GENERAL AGGREGATE - EACH OCCURRENCE	1,000	2,000,000			
PRODUCTS AND / OR COMPLETED OPERATIONS EMPLOYER'S LIABILITY					PRODUCTS AND COMPLETED OPERATIONS	,	2,000,000			
CROSS LIABILITY					AGGREGATE PERSONAL INJURY LIABILITY	+				
					OR DEPOSITE AND ADVEDTICING IN ILIPA		2,000,000			
					LIABILITY PERSONAL AND ADVERTISING INJURY		25.000			
					MEDICAL PAYMENTS	4 000	25,000			
▼ TENANTS LEGAL LIABILITY ▼ POLLUTION LIABILITY EXTENSION					TENANTS LEGAL LIABILITY	1,000 S&A	500,000 2,000,000			
NON-OWNED AUTOMOBILES					POLLUTION LIABILITY EXTENSION NON OWNED AUTOMOBILE	JAA				
HIRED AUTOMOBILES					NON OWNED ACTOMOBILE		2,000,000			
AUTOMOBILE LIABILITY	AVIVA Insurance Co o				BODILY INJURY AND PROPERTY		2,000,000			
X DESCRIBED AUTOMOBILES X ALL OWNED AUTOMOBILES	6141231666	1	19/02/24	20/02/24	DAMAGE COMBINED BODILY INJURY (PER PERSON)		_,,,,,,,,			
ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **										
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED					BODILY INJURY (PER ACCIDENT)					
TO PROVIDE INSURANCE					PROPERTY DAMAGE	40.000	2 202 202			
EXCESS LIABILITY W UMBRELLA FORM	AVIVA Insurance Co o PEN 81723506		10/02/2	20/02/24	EACH OCCURRENCE	10,000	3,000,000			
■ S&A Pollution Included	1 EN 011 20000	1	19/02/24	1 20/02/24	AGGREGATE					
A Carr onation molace										
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co o PEN 81723506		19/02/24	20/02/24	Forest Fire Fighting		500,000			
X	AVIVA Insurance Co o PEN 81723506	f Canada 1	19/02/24	20/02/24	Motor Truck Cargo	1,000	50,000			
X	AVIVA Insurance Co o	f Canada 1	19/02/24	20/02/24	Equipment	5,000	726,317			
5. CANCELLATION	, , , , , , , , , , , , , , , , , , , ,				1					
Should any of the above described pol certificate holder named above, but fai		•		•			vritten notice to the			
6. BROKERAGE/AGENCY FULL NAME AND I			7	ADDITIONAL INS	URED NAME AND MAILING ADDRESS					
CMB Insurance Brokers			C	ertificate Hole	to the operations of the Named Insured)					
CMB IIIsurance Brokers										
#201, 1430 - 91 St. SW				ith respect to n behalf or by	work performed the Named					
Edmonton, AB	POS	STAL T6X 1M5	In	sured (CGL (Only)					
BROKER CLIENT ID: K&SPO-1	COL	<u> </u>		,	, ,		POSTAL			
8. CERTIFICATE AUTHORIZATION							CODE			
ISSUER CMB Insurance Brokers			C	CONTACT NUMBER(S)						
	-		т	YPE Business	NO. 780-428-7256 TYPE F		780-424-4612			
AUTHORIZED REPRESENTATIVE Amar Dhins	a		Т	TYPE	NO. TYPE	NC	-			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	2			DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsura	nce.ca			



This certificate is issued as a matte	•	_			e holder and imposes no liabilited by the policies below.	y on the ir	nsurer.			
1. CERTIFICATE HOLDER - NAME AND MAIL		ma, oxtona or and			NAME AND MAILING ADDRESS					
Enerplus Corporation			ĸ	K&S Power Tongs Ltd.						
					,					
#2000 222 7th Avenue SW			20	614 - 63rd Ave 0	None					
#3000, 333 - 7th Avenue SW Calgary, AB		POSTAL T2P 2Z1					POSTAL T9V 2W1			
	NS/ALITOMOBIL ES/SBECIAL			Lloydminster, AB CODE T9V 2W1 CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
Enerplus Corporation is added as performed under contract by the				FICATE AFFLIES (but	to the operations of the	ie Nameu ms	ureu)			
performed under contract by the I	Named Insured.	•								
4. COVERAGES										
					d indicated notwithstanding any requiremen					
or conditions of any contract or other subject to all terms, exclusions and co		certificate may be issued	d or may	y pertain. The insuranc	e afforded by the policies described herein	is				
-		LIMITS	S SHO	WN MAY HAVE BE	EN REDUCED BY PAID CLAIMS					
TYPE OF INSURANCE	INSURANCE COM	PANY	FECTIVE Date	E EXPIRY Date	LIMITS OF LIA (Canadian dollars unless in		rwise)			
TTPE OF INSURANCE	AND POLICY NUM	IRED	Y/MM/D[COVERAGE	DED.	AMOUNT OF INSURANCE			
COMMERCIAL GENERAL LIABILITY	AV/IV/A Impurament Co. 4	of Canada			COMMERCIAL GENERAL LIABILITY		INCORPAGE			
	AVIVA Insurance Co				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000			
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/	/02/2	4 20/02/24	- EACH OCCURRENCE	1,000	2,000,000			
X PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY					PRODUCTS AND COMPLETED OPERATIONS	<u> </u>	2,000,000			
CROSS LIABILITY					AGGREGATE PERSONAL INJURY LIABILITY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					OR PERSONAL AND ADVERTISING INJURY		2,000,000			
					LIABILITY MEDICAL PAYMENTS		25,000			
TENANTS LEGAL LIABILITY					TENANTS LEGAL LIABILITY	1,000	500,000			
POLLUTION LIABILITY EXTENSION					POLLUTION LIABILITY EXTENSION	S&A	2,000,000			
▼ NON-OWNED AUTOMOBILES					NON OWNED AUTOMOBILE	1				
HIRED AUTOMOBILES							2,000,000			
AUTOMOBILE LIABILITY DESCRIBED AUTOMOBILES	AVIVA Insurance Co of 6141231666		10010	4 00/00/04	BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000			
ALL OWNED AUTOMOBILES	0141231000	19/	/02/2	4 20/02/24	BODILY INJURY (PER PERSON)					
LEASED AUTOMOBILES **					BODILY INJURY (PER ACCIDENT)					
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED										
TO PROVIDE INSURANCE					PROPERTY DAMAGE	40.000	2 000 000			
EXCESS LIABILITY	AVIVA Insurance Co o PEN 81723506		10010	4 00/00/04	EACH OCCURRENCE	10,000	3,000,000			
X S&A Pollution Included	FLN 01723300	19/	/02/2	4 20/02/24	AGGREGATE					
A SGAT SHURION INCIDUES										
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co		/02/2	4 20/02/24	Forest Fire Fighting		500,000			
X	PEN 81723506 AVIVA Insurance Co o				0 0	1,000	50,000			
	PEN 81723506 AVIVA Insurance Co o	of Canada	/02/2		Motor Truck Cargo	ļ ·				
X	PEN 81723506	19/	/02/2	4 20/02/24	Equipment	5,000	726,317			
5. CANCELLATION										
Should any of the above described pol							s written notice to the			
certificate holder named above, but fail		shall impose no ob	- -	ADDITIONAL INO	ny kind upon the company, its ag URED NAME AND MAILING ADDRESS	ents or rep	presentatives.			
6. BROKERAGE/AGENCY FULL NAME AND M	MAILING ADDRESS		7		to the operations of the Named Insured)					
CMB Insurance Brokers			С	ertificate Hold	der but only					
			w	ith respect to	work performed					
#201, 1430 - 91 St. SW			o	n behalf or by	the Named					
Edmonton, AB	POS CO	STAL T6X 1M5	In	sured (CGL C	Only)					
BROKER CLIENT ID: K&SPO-1							POSTAL CODE			
8. CERTIFICATE AUTHORIZATION										
ISSUER CMB Insurance Brokers				CONTACT NUMBER(S)	NO. 780-428-7256 TYPE F	av	NO. 780-424-4612			
AUTHORIZED REPRESENTATIVE Amar Dhins	a				NO. 10U-420-1250 TYPE NO. TYPE	ах	NO. 7 8U-424-46 12 NO.			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	X		'	DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsu	ırance.ca			

CSIO

	er of information only and confers certificate does not amend, extend	•	•	•	y on the insu	irer.			
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2. INSURED'S FULI	NAME AND MAILING ADDRESS					
Repsol Oil & Gas Canada Inc.		ŀ	K&S Power Tongs Ltd.						
Suite 2000									
888 - 3rd Street SW		3	8614 - 63rd Ave	Close					
Calgary, AB	POSTAL T2P (5C5 L	_loydminster, Al	3	POS	STAL T9V 2W1			
1 1	DNS/AUTOMOBILES/SPECIAL ITEMS TO WHIC		•	t only with respect to the operations of th	ne Named Insure	d)			
Additional Insured and Waiver of Oil & Gas Canada Inc. PRIMARY/I	Subrogation is in favour of Rep NON-CONTRIBUTORY clause in	osol icluded ui	nder the CGL						
4. COVERAGES									
	surance listed below have been issued to the ins document with respect to which certificate may be conditions of such policies.	oe issued or ma	ay pertain. The insuran						
	INSURANCE COMPANY	EFFECTIV	/E EXPIRY	LIMITS OF LIA		>			
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/E	Date OD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF			
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY		INSURANCE			
	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000			
CLAIMS MADE OR X OCCURRENCE X PRODUCTS AND / OR COMPLETED OPERATIONS	PEN 81723506	19/02/2	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000			
X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	;	2,000,000			
X CROSS LIABILITY				PERSONAL INJURY LIABILITY OR		2 222 222			
				PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000			
				MEDICAL PAYMENTS		25,000			
X TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000			
X POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000			
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000			
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada 6141231666	401001		BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000			
DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES	0141231000	19/02/2	24 20/02/24	BODILY INJURY (PER PERSON)		, ,			
LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)					
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				PROPERTY DAMAGE					
TO PROVIDE INSURANCE EXCESS LIABILITY	AVIVA Insurance Co of Canada			EACH OCCURRENCE	10,000	3,000,000			
UMBRELLA FORM	PEN 81723506	19/02/2	24 20/02/24	AGGREGATE	11,000	2,223,233			
▼ S&A Pollution Included				Nooneone					
OTHER LIABILITY (SPECIFY)	AV//VA In								
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000			
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000			
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317			
5. CANCELLATION	PEN 61723306					1			
Should any of the above described pol	licies be cancelled before the expirati	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the			
certificate holder named above, but fai	ilure to mail such notice shall impose	no obligat		, , , , ,	ents or repres	sentatives.			
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)					
CMB Insurance Brokers		(Certificate Hol	der but only					
		V	with respect to	work performed					
#201, 1430 - 91 St. SW		(on behalf or by	the Named					
Edmonton, AB	POSTAL T6X 1N		nsured (CGL (*					
BROKER CLIENT ID: K&SPO-1	CODE			- 77		POSTAL CODE			
8. CERTIFICATE AUTHORIZATION									
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S) TYPE Business No. 780-428-7256 TYPE Fax No. 780-424-4612						
AUTHORIZED REPRESENTATIVE Amar Dhins	a			NO. TYPE	NO.				
SIGNATURE OF AUTHORIZED REPRESENTATIVE	χ		DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsurar	nce.ca			



	This certificate is issued as a matt		•	•	•		e holder and imposes no liabilied by the policies below.	ty on the ins	urer.		
1.	CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS			2. INSURED'S FULL NAME AND MAILING ADDRESS						
WI	hitecap Resources Inc.				K&S Power Tongs Ltd.						
#3	800, 525 - 8th Avenue SW				3614	1 - 63rd Ave (Close				
	ilgary, AB		POSTAL T2P	1G1	Lloydminster, AB POSTAL T9V 2W1						
3.		DNS/AUTOMOBILES/SPECIA			CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
						·			<u> </u>		
4.											
	•	document with respect to wh		be issued or n	nay pe	rtain. The insurance	d indicated notwithstanding any requirement the afforded by the policies described herein EN REDUCED BY PAID CLAIMS				
				EFFECT		EXPIRY	LIMITS OF LIA	ABILITY			
	TYPE OF INSURANCE	INSURANCE CO		Date		Date	(Canadian dollars unless in		ise) AMOUNT OF		
_				YYYY/MM	/DD	YYYY/MM/DD	COVERAGE COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE		
C	OMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co	o of Canada				BODILY INJURY AND PROPERTY DAMAGE		5,000,000		
Г	CLAIMS MADE OR X OCCURRENCE	PEN 81723506		19/02/	24	20/02/24	LIABILITY - GENERAL AGGREGATE				
_	PRODUCTS AND / OR COMPLETED OPERATIONS						- EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS	1,000	2,000,000		
	EMPLOYER'S LIABILITY						AGGREGATE		2,000,000		
X CROSS LIABILITY							PERSONAL INJURY LIABILITY OR		2,000,000		
							PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000		
							MEDICAL PAYMENTS		25,000		
X	TENANTS LEGAL LIABILITY						TENANTS LEGAL LIABILITY	1,000	500,000		
X	POLLUTION LIABILITY EXTENSION						POLLUTION LIABILITY EXTENSION	S&A	2,000,000		
X	NON-OWNED AUTOMOBILES HIRED AUTOMOBILES						NON OWNED AUTOMOBILE		2,000,000		
	TOMOBILE LIABILITY	AVIVA Insurance Co	o of Canada				BODILY INJURY AND PROPERTY		2,000,000		
-	DESCRIBED AUTOMOBILES	6141231666		19/02/2	2/24 20/0	20/02/24	DAMAGE COMBINED		2,000,000		
	ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **						BODILY INJURY (PER PERSON)				
	LL AUTOMOBILES LEASED IN EXCESS OF						BODILY INJURY (PER ACCIDENT)				
	DAYS WHERE THE INSURED IS REQUIRED PROVIDE INSURANCE						PROPERTY DAMAGE				
	CESS LIABILITY	AVIVA Insurance Co	o of Canada				EACH OCCURRENCE	10,000	3,000,000		
l	UMBRELLA FORM	PEN 81723506		19/02/	24	20/02/24	AGGREGATE				
X	S&A Pollution Included										
ОТ	HER LIABILITY (SPECIFY)	AVIVA Insurance Co	o of Canada								
X	0	PEN 81723506	o or ouridad	19/02/	24	20/02/24	Forest Fire Fighting		500,000		
X	J	AVIVA Insurance Co PEN 81723506	o of Canada	19/02/	/24	20/02/24	Motor Truck Cargo	1,000	50,000		
X		AVIVA Insurance Co PEN 81723506	o of Canada	19/02/	/24	20/02/24	Equipment	5,000	726,317		
5.	CANCELLATION										
	ould any of the above described pol		•						vritten notice to the esentatives.		
6.	BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS	<u> </u>				URED NAME AND MAILING ADDRESS to the operations of the Named Insured)	•			
CI	MB Insurance Brokers						der but only				
					with	respect to	work performed				
#2	01, 1430 - 91 St. SW				on k	pehalf or by	the Named				
Εc	Imonton, AB		POSTAL T6X 1N	/ 15	Insu	red (CGL C	Only)				
BR	OKER CLIENT ID: K&SPO-1								POSTAL CODE		
8.									1 3002		
	SSUER CMB Insurance Brokers				CON	TACT NUMBER(S)					
	UTHORIZED REPRESENTATIVE Amar Dhins				TYPE TYPE		NO. 780-428-7256 TYPE F	ax N	o. 780-424-4612 o.		
	IGNATURE OF	2				40104			-		
A	UTHORIZED REPRESENTATIVE	7			DATI	- 13/UT	IUJ EMAIL ADDRESS AGIIIISA	@viiibiiiaui c			



	er of information only and confers	•	•		y on the insu	irer.			
1. CERTIFICATE HOLDER - NAME AND MAIL			2. INSURED'S FULL NAME AND MAILING ADDRESS						
Crescent Point Resources		ŀ	K&S Power Tongs Ltd.						
Partnership									
2000, 585 - 8th Avenue S.W.		3	3614 - 63rd Ave	Close					
Calgary, AB	POSTAL T2P		Lloydminster, Al		POS	STAL T9V 2W1			
	INS/AUTOMOBILES/SPECIAL ITEMS TO WHIC					-			
Crescent Point Resources Partne Waiver of Subrogation applies in under contract by the Named Inst	ership are added as Additional I their favor with respect to work ured	nsured ar c performe	nd a ed			·			
4. COVERAGES									
	surance listed below have been issued to the ins document with respect to which certificate may be onditions of such policies.	oe issued or ma	ay pertain. The insuran						
	INCHDANCE COMPANY	EFFECTIV	/E EXPIRY	LIMITS OF LIA					
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	Date YYYY/MM/E	Date DD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF			
COMMEDIAL OFNEDAL LIABILITY		1111714114112	7777777777	COVERAGE COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE			
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000			
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/02/2	24 20/02/24	- GENERAL AGGREGATE - EACH OCCURRENCE	1,000	2,000,000			
X PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS	1 '	2,000,000			
X CROSS LIABILITY				AGGREGATE PERSONAL INJURY LIABILITY	1	2,000,000			
				OR PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000			
				MEDICAL PAYMENTS		25,000			
TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000			
X POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000			
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000			
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY		2,000,000			
DESCRIBED AUTOMOBILES	6141231666	19/02/2	24 20/02/24	DAMAGE COMBINED					
ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **				BODILY INJURY (PER PERSON)					
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				BODILY INJURY (PER ACCIDENT)					
TO PROVIDE INSURANCE				PROPERTY DAMAGE					
EXCESS LIABILITY	AVIVA Insurance Co of Canada PEN 81723506	40/00/		EACH OCCURRENCE	10,000	3,000,000			
X S&A Pollution Included	PEN 01/23906	19/02/2	24 20/02/24	AGGREGATE					
2 3&A Foliation included									
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000			
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2		Motor Truck Cargo	1,000	50,000			
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317			
5. CANCELLATION		•		1					
Should any of the above described pol	icies be cancelled before the expirati	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the			
certificate holder named above, but fai	lure to mail such notice shall impose	no obligat	ion or liability of a	ny kind upon the company, its ag	ents or repres	sentatives.			
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)					
CMB Insurance Brokers		(Certificate Hol						
		,	with respect to	work performed					
#201, 1430 - 91 St. SW			on behalf or by	•					
Edmonton, AB	POSTAL T6X 1N		nsured (CGL (*					
BROKER CLIENT ID: K&SPO-1	CODE 16X III	115	iisurea (CGL (Jiliy)		POSTAL CODE			
8. CERTIFICATE AUTHORIZATION						1			
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S)						
AUTHORIZED REPRESENTATIVE Amar Dhins	a			NO. 780-428-7256 TYPE F NO. TYPE	ax NO.	780-424-4612			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	χ	l	DATE 19/01	/09 EMAIL ADDRESS adhinsa(@cmbinsuraı	nce.ca			



	er of information only and confers	•	•	•	y on the insu	ırer.			
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS						
Agrium Potash Ltd.		ı	K&S Power Tongs Ltd.						
Bag 20		;	3614 - 63rd Ave	Close					
Redwater, AB	POSTAL TOA2	:W0	Lloydminster, Al	3	POS	STAL T9V 2W1			
			CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
Agrium Potash Ltd. are added as performed under contract by the	Additional Insured with respec Named Insured	t to work							
4. COVERAGES									
	surance listed below have been issued to the ins document with respect to which certificate may bonditions of such policies.	oe issued or m	ay pertain. The insuran						
	INSURANCE COMPANY	EFFECTI	VE EXPIRY	LIMITS OF LIA					
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/I	Date DD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF			
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY		INSURANCE			
COMMENSIAL CENERAL EIABIETT	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000			
CLAIMS MADE OR OCCURRENCE	PEN 81723506	19/02/	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000			
X PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	;	2,000,000			
X CROSS LIABILITY				PERSONAL INJURY LIABILITY					
				OR PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000			
				MEDICAL PAYMENTS		25,000			
TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	1,000	500,000			
POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION	S&A	2,000,000			
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				NON OWNED AUTOMOBILE		2,000,000			
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY		2,000,000			
DESCRIBED AUTOMOBILES	6141231666	19/02/	24 20/02/24	DAMAGE COMBINED		2,000,000			
ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **				BODILY INJURY (PER PERSON)					
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				BODILY INJURY (PER ACCIDENT)					
TO PROVIDE INSURANCE				PROPERTY DAMAGE					
EXCESS LIABILITY	AVIVA Insurance Co of Canada PEN 81723506			EACH OCCURRENCE	10,000	3,000,000			
X S&A Pollution Included	PEN 81723506	19/02/	24 20/02/24	AGGREGATE					
2 30A Foliation included									
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Forest Fire Fighting		500,000			
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000			
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/	24 20/02/24	Equipment	5,000	726,317			
5. CANCELLATION	T LIV 01723300	I							
Should any of the above described pol	licies be cancelled before the expirati	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the			
certificate holder named above, but fai	ilure to mail such notice shall impose	no obligat	ion or liability of a	ny kind upon the company, its ag	ents or repres	sentatives.			
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)					
CMB Insurance Brokers			Certificate Hol	der but only					
		,	with respect to	work performed					
#201, 1430 - 91 St. SW			on behalf or by	•					
Edmonton, AB	POSTAL T6X 1N		Insured (CGL (*					
BROKER CLIENT ID: K&SPO-1	CODE TOX TIV	10	insured (OOL (only)		POSTAL CODE			
8. CERTIFICATE AUTHORIZATION									
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S)	700 400 7050		700 404 4040			
AUTHORIZED REPRESENTATIVE Amar Dhins	sa .			NO. 780-428-7256 TYPE F NO. TYPE	NO NO	780-424-4612			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	X		DATE 19/01	/09 EMAIL ADDRESS adhinsa(@cmbinsura	nce.ca			



This certificate is issued as a matter of This certif	-		-	-		e holder and imposes no liabilit d by the policies below.	y on the ins	urer.	
1. CERTIFICATE HOLDER - NAME AND MAILING AI		.,		2. INSURED'S FULL NAME AND MAILING ADDRESS					
BHP Billiton Canada Inc.				K&\$	K&S Power Tongs Ltd.				
200 - 475 2nd Ave South				261	4 - 63rd Ave C	Non			
Saskatoon, SK		POSTAL S7K 1P4			ydminster, AB		PC	DSTAL T9V 2W1	
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AU	ITOMODII EC/CDECIAI				•		1 -		
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AU	DIOMOBILES/SPECIAL	TIEMS TO WHICH T	піз сек	KIIFIC	CATE APPLIES (DUI	only with respect to the operations of the	ie Nameu msur	euj	
4. COVERAGES This is to certify that the policies of insurance	se listed helow have heen	issued to the insured	named a	ahove	a for the policy period	I indicated notwithstanding any requiremen	te torme		
or conditions of any contract or other docum	ment with respect to which								
subject to all terms, exclusions and condition	ons of such policies.	LIM	IITS SH	wo	N MAY HAVE BEI	EN REDUCED BY PAID CLAIMS			
	INCLIDANCE COM	BANK	EFFECTI			LIMITS OF LIA			
TYPE OF INSURANCE	INSURANCE COM AND POLICY NUM	IRER	Date YYY/MM/	/DD	Date YYYY/MM/DD	(Canadian dollars unless in COVERAGE	DED.	AMOUNT OF	
		<u> </u> .	1 1 1/14/14/1		1111///////////////////////////////////	COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE	
COMMERCIAL GENERAL LIABILITY AVIV	VA Insurance Co	of Canada				BODILY INJURY AND PROPERTY DAMAGE LIABILITY CENERAL ACCRECATE		5,000,000	
CLAIMS MADE OR X OCCURRENCE PEN	N 81723506	1	19/02/	24	20/02/24	- GENERAL AGGREGATE - EACH OCCURRENCE	1,000	2,000,000	
PRODUCTS AND / OR COMPLETED OPERATIONS						PRODUCTS AND COMPLETED OPERATIONS	1	2,000,000	
X EMPLOYER'S LIABILITY X CROSS LIABILITY						AGGREGATE PERSONAL INJURY LIABILITY		2,000,000	
(A) ONOGO EMBIETT						OR		2,000,000	
						LIABILITY			
						MEDICAL PAYMENTS		25,000	
X TENANTS LEGAL LIABILITY						TENANTS LEGAL LIABILITY	1,000	500,000	
X POLLUTION LIABILITY EXTENSION						POLLUTION LIABILITY EXTENSION	S&A	2,000,000	
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES						NON OWNED AUTOMOBILE		2,000,000	
AUTOMOBILE LIABILITY AVIV	AVIVA Insurance Co of Canada					BODILY INJURY AND PROPERTY		2 000 000	
<u> </u>	1231666	1	19/02/24	02/24	20/02/24	DAMAGE COMBINED		2,000,000	
X ALL OWNED AUTOMOBILES						BODILY INJURY (PER PERSON)			
LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF						BODILY INJURY (PER ACCIDENT)			
30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE						PROPERTY DAMAGE			
	VA Insurance Co	of Canada				EACH OCCURRENCE	10,000	3,000,000	
	N 81723506	1	19/02/	24	24 20/02/24	AGGREGATE			
OTHER LIABILITY (SPECIFY)	VA Insurance Co o								
X PEN	N 81723506	1	19/02/	24	20/02/24	Forest Fire Fighting		500,000	
X AVIV	VA Insurance Co o N 81723506	of Canada	19/02/	24	20/02/24	Motor Truck Cargo	1,000	50,000	
	VA Insurance Co o	of Canada	19/02/	24	20/02/24	Equipment	5,000	726,317	
5. CANCELLATION	1 617 23306	I			1				
Should any of the above described policies	be cancelled before	e the expiration	date th	erec	of, the issuing c	ompany will endeavor to mail	30 days v	written notice to the	
certificate holder named above, but failure t								esentatives.	
6. BROKERAGE/AGENCY FULL NAME AND MAILIN	NG ADDRESS			7.		JRED NAME AND MAILING ADDRESS to the operations of the Named Insured)			
CMB Insurance Brokers				Cei	rtificate Holo				
Sind modification Districts						work performed			
#204 4420 04 St SW					•	•			
#201, 1430 - 91 St. SW	PO.	STAL TOY 4555			behalf or by				
Edmonton, AB	co	STAL T6X 1M5		ıns	ured (CGL C	niy)		POSTAL	
BROKER CLIENT ID: K&SPO-1								POSTAL CODE	
8. CERTIFICATE AUTHORIZATION									
ISSUER CMB Insurance Brokers					CONTACT NUMBER(S) TYPE Business No. 780-428-7256 TYPE Fax No. 780-424				
AUTHORIZED REPRESENTATIVE Amar Dhinsa						IO. TYPE		0.	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	-			DA ⁻	те 19/01/	(09 EMAIL ADDRESS adhinsa)	@cmbinsura	ance.ca	



		er of information only and confers	_	-			y on the insi	urer.		
1.	CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS						
Ge	nsource Potash Corporation			K&S	Power Tong	js Ltd.				
Su	ite 1100									
	1 - 1st Avenue South			3614 - 63rd Ave Close						
Sa	skatoon, SK	POSTAL S7K	1J5	Lloy	dminster, AE	3	PO CO	STAL T9V 2W1		
3.	DESCRIPTION OF OPERATIONS/LOCATIO	ONS/AUTOMOBILES/SPECIAL ITEMS TO WHIC	CH THIS CEI	EERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
4.	COVERAGES									
	•	surance listed below have been issued to the ins document with respect to which certificate may bonditions of such policies.	oe issued or i	may pe	rtain. The insurance					
		INSURANCE COMPANY	EFFECT	IVE	EXPIRY	LIMITS OF LIA		(aa)		
	TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM	1/DD	Date YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF		
cc	OMMERCIAL GENERAL LIABILITY	AV///A L				COMMERCIAL GENERAL LIABILITY		INSURANCE		
		AVIVA Insurance Co of Canada				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000		
	CLAIMS MADE OR X OCCURRENCE PRODUCTS AND / OR COMPLETED OPERATIONS	PEN 81723506	19/02	/24	20/02/24	- EACH OCCURRENCE	1,000	2,000,000		
	EMPLOYER'S LIABILITY					PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		2,000,000		
X	CROSS LIABILITY					PERSONAL INJURY LIABILITY OR		0.000.000		
						PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000		
						MEDICAL PAYMENTS		25,000		
X	TENANTS LEGAL LIABILITY					TENANTS LEGAL LIABILITY	1,000	500,000		
X	POLLUTION LIABILITY EXTENSION					POLLUTION LIABILITY EXTENSION	S&A	2,000,000		
X	NON-OWNED AUTOMOBILES HIRED AUTOMOBILES					NON OWNED AUTOMOBILE		2,000,000		
AU	TOMOBILE LIABILITY	AVIVA Insurance Co of Canada				BODILY INJURY AND PROPERTY		2,000,000		
X	DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES	6141231666	19/02	/24	20/02/24	DAMAGE COMBINED BODILY INJURY (PER PERSON)		,,,,,,,		
	LEASED AUTOMOBILES **					BODILY INJURY (PER ACCIDENT)				
30 D	L AUTOMOBILES LEASED IN EXCESS OF AYS WHERE THE INSURED IS REQUIRED					` '				
	PROVIDE INSURANCE CESS LIABILITY	AV///A				PROPERTY DAMAGE EACH OCCURRENCE	10,000	3,000,000		
	UMBRELLA FORM	AVIVA Insurance Co of Canada PEN 81723506	19/02	124	20/02/24		10,000	3,000,000		
	S&A Pollution Included		13/02	<i>,</i>	ZOIOZIZ	AGGREGATE				
071	IED LIADULTY (ODEOLEV)									
X	HER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada PEN 81723506	19/02	/24	20/02/24	Forest Fire Fighting		500,000		
X]	AVIVA Insurance Co of Canada PEN 81723506	19/02	/24	20/02/24	Motor Truck Cargo	1,000	50,000		
X]	AVIVA Insurance Co of Canada PEN 81723506	19/02	/24	20/02/24	Equipment	5,000	726,317		
5.	CANCELLATION		1				1			
Sh	ould any of the above described pol	licies be cancelled before the expirati	ion date tl	nereo	f, the issuing o	company will endeavor to mail	30 days w	ritten notice to the		
cei	rtificate holder named above, but fai	ilure to mail such notice shall impose	no obliga			, , , , ,	ents or repre	sentatives.		
6.	BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS				URED NAME AND MAILING ADDRESS to the operations of the Named Insured)				
CI	IB Insurance Brokers			Cert	tificate Holo	der but only				
				with	respect to	work performed				
#2	01, 1430 - 91 St. SW			on k	ehalf or by	the Named				
Ed	monton, AB	POSTAL T6X 1N	15	Insu	red (CGL C	Only)				
BR	OKER CLIENT ID: K&SPO-1							POSTAL CODE		
8.	CERTIFICATE AUTHORIZATION				TAOT NUMBER (5)					
	SUER CMB Insurance Brokers		CONTACT NUMBER(S) TYPE Business No. 780-428-7256 TYPE Fax No. 780-424-4612							
	JTHORIZED REPRESENTATIVE Amar Dhins GNATURE OF	Sa .		TYPE		NO. TYPE	NO Rombinouro			
	JTHORIZED REPRESENTATIVE	7		DATI	19/01	/09 EMAIL ADDRESS adhinsa	wcmpinsura	nce.ca		



This certificate is issued as a matt	•		•		te holder and imposes no liabili ed by the policies below.	y on the insu	rer.			
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS			2. INSURED'S FULL NAME AND MAILING ADDRESS						
Savanna Energy Services			K	&S Power Tong	gs Ltd.					
Corp.										
Suite 800, 311 - 6th Avenue S.			30	614 - 63rd Ave	Close					
Calgary, AB		POSTAL T2P 3	-	Lloydminster AR POSTALTOV 2W1						
	NS/AUTOMOBILES/SPECIAL	-		CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
Savanna Energy Services Corp. is Subrogation applies in their favor contract by the Named Insured.	s added as Addition r with respect to wo	al Insured a rk performe	nd a Waiv d under	er of	,		7			
4. COVERAGES										
	document with respect to which		oe issued or ma	y pertain. The insuran	od indicated notwithstanding any requirement ce afforded by the policies described herein EEN REDUCED BY PAID CLAIMS					
	INCURANCE CON	MDANIV	EFFECTIVI	E EXPIRY	LIMITS OF LIA					
TYPE OF INSURANCE	INSURANCE COM AND POLICY NUM		Date YYYY/MM/DI	Date D YYYY/MM/DD	(Canadian dollars unless in	DED.	AMOUNT OF			
			111171411411	7111////////	COVERAGE COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE			
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co	of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY CENERAL ACCRECATE		5,000,000			
CLAIMS MADE OR X OCCURRENCE	PEN 81723506		19/02/2	4 20/02/24	- GENERAL AGGREGATE - EACH OCCURRENCE	1,000	2,000,000			
PRODUCTS AND / OR COMPLETED OPERATIONS					PRODUCTS AND COMPLETED OPERATIONS	'	, ,			
X EMPLOYER'S LIABILITY					AGGREGATE		2,000,000			
CROSS LIABILITY					OR PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000			
					MEDICAL PAYMENTS		25,000			
TENANTS LEGAL LIABILITY					TENANTS LEGAL LIABILITY	1,000	500,000			
X POLLUTION LIABILITY EXTENSION					POLLUTION LIABILITY EXTENSION	S&A	2,000,000			
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES					NON OWNED AUTOMOBILE		2,000,000			
AUTOMOBILE LIABILITY	AVIVA Insurance Co	of Canada			BODILY INJURY AND PROPERTY		2,000,000			
DESCRIBED AUTOMOBILES	6141231666		19/02/2	4 20/02/24	DAMAGE COMBINED		2,000,000			
X ALL OWNED AUTOMOBILES LEASED AUTOMOBILES **					BODILY INJURY (PER PERSON)					
** ALL AUTOMOBILES LEASED IN EXCESS OF					BODILY INJURY (PER ACCIDENT)					
30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE					PROPERTY DAMAGE					
EXCESS LIABILITY	AVIVA Insurance Co	of Canada			EACH OCCURRENCE	10,000	3,000,000			
₩ UMBRELLA FORM	PEN 81723506		19/02/2	4 20/02/24	AGGREGATE					
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co	of Canada								
X	PEN 81723506	Oi Callada	19/02/2	4 20/02/24	Forest Fire Fighting		500,000			
X	AVIVA Insurance Co PEN 81723506	of Canada	19/02/2	4 20/02/24	Motor Truck Cargo	1,000	50,000			
X	AVIVA Insurance Co PEN 81723506	of Canada	19/02/2	4 20/02/24	Equipment	5,000	726,317			
5. CANCELLATION	T EN 01723300									
Should any of the above described pol							ritten notice to the			
certificate holder named above, but fai		snaii impose		ABBITION 1110	INY KING UPON THE COMPANY, ITS AS SURED NAME AND MAILING ADDRESS	ents or repres	entatives.			
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS		-		t to the operations of the Named Insured)					
CMB Insurance Brokers			C	ertificate Hol	der but only					
			w	ith respect to	work performed					
#201, 1430 - 91 St. SW			o	n behalf or by	y the Named					
Edmonton, AB	PC	OSTAL T6X 1N	15 Ir	nsured (CGL (Only)					
BROKER CLIENT ID: K&SPO-1	1 27						POSTAL CODE			
8. CERTIFICATE AUTHORIZATION							3352			
ISSUER CMB Insurance Brokers				CONTACT NUMBER(S)						
AUTHORIZED REPRESENTATIVE Amar Dhins	·a				NO. 780-428-7256 TYPE F	ax no	780-424-4612			
SIGNATURE OF	2									
AUTHORIZED REPRESENTATIVE	X			DATE 19/01	//09 EMAIL ADDRESS adhinsa	@cmbinsurai	ice.ca			



This certificate is issued as a matt	•		•		te holder and imposes no liabilited by the policies below.	y on the insu	ırer.			
1. CERTIFICATE HOLDER - NAME AND MAIL	ING ADDRESS		:	2. INSURED'S FULL	NAME AND MAILING ADDRESS					
The Mosaic Company			K	K&S Power Tongs Ltd.						
and Affiliates										
P.O Box 7500			36	614 - 63rd Ave (Close					
Regina, SK		POSTAL S4P 4L		loydminster, Al	_	PO: CO	STAL T9V 2W1			
3. DESCRIPTION OF OPERATIONS/LOCATIO						1 4 4				
The Mosaic Company and Affiliat Waiver of Subrodation applies in under contract by the Named Inst	es is added as Addition their favor with respensived.	onal Insured ect to work p	l and a performe	d						
4. COVERAGES										
· · ·	document with respect to which	certificate may be is	ssued or may	pertain. The insuran	d indicated notwithstanding any requirement ce afforded by the policies described herein EN REDUCED BY PAID CLAIMS					
	INCURANCE COME		EFFECTIVE		LIMITS OF LIA					
TYPE OF INSURANCE	INSURANCE COMP AND POLICY NUME	RER	Date YYYY/MM/DI	Date YYYY/MM/DD	(Canadian dollars unless in	DED.	AMOUNT OF			
COMMEDIAL OFNEDAL LIABILITY			1111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	777777777	COMMERCIAL GENERAL LIABILITY	DED.	INSURANCE			
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of	f Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY CENERAL ACCRECATE		5,000,000			
CLAIMS MADE OR X OCCURRENCE	PEN 81723506		19/02/2	4 20/02/24	- GENERAL AGGREGATE - EACH OCCURRENCE	1,000	2,000,000			
X PRODUCTS AND / OR COMPLETED OPERATIONS X EMPLOYER'S LIABILITY					PRODUCTS AND COMPLETED OPERATIONS	,	2,000,000			
CROSS LIABILITY					AGGREGATE PERSONAL INJURY LIABILITY	+				
					OR PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000			
					MEDICAL PAYMENTS		25,000			
X TENANTS LEGAL LIABILITY					TENANTS LEGAL LIABILITY	1,000	500,000			
X POLLUTION LIABILITY EXTENSION					POLLUTION LIABILITY EXTENSION	S&A	2,000,000			
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES					NON OWNED AUTOMOBILE		2,000,000			
AUTOMOBILE LIABILITY	AVIVA Insurance Co of 6141231666	f Canada	10/00/0		BODILY INJURY AND PROPERTY		2,000,000			
DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES	0141231000		19/02/2	4 20/02/24	DAMAGE COMBINED BODILY INJURY (PER PERSON)					
LEASED AUTOMOBILES **					BODILY INJURY (PER ACCIDENT)					
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED					PROPERTY DAMAGE					
TO PROVIDE INSURANCE EXCESS LIABILITY	AV/IV/A I	f O d -			EACH OCCURRENCE	10,000	3,000,000			
■ UMBRELLA FORM	AVIVA Insurance Co of PEN 81723506	r Canada	19/02/2	4 20/02/24		10,000	3,000,000			
□ S&A Pollution Included			13/02/2	20/02/24	AGGREGATE					
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of	f Canada								
X	PEN 81723506		19/02/2	4 20/02/24	Forest Fire Fighting		500,000			
X	AVIVA Insurance Co of PEN 81723506	f Canada	19/02/2	4 20/02/24	Motor Truck Cargo	1,000	50,000			
X	AVIVA Insurance Co of PEN 81723506	f Canada	19/02/2	4 20/02/24	Equipment	5,000	726,317			
5. CANCELLATION										
Should any of the above described pol certificate holder named above, but fai		•					ritten notice to the sentatives.			
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS		7		URED NAME AND MAILING ADDRESS to the operations of the Named Insured)					
CMB Insurance Brokers			С	ertificate Hole	der but only					
			w	ith respect to	work performed					
#201, 1430 - 91 St. SW				n behalf or by	the Named					
Edmonton, AB	POS COD	TAL T6X 1M5	In	sured (CGL (Only)					
BROKER CLIENT ID: K&SPO-1							POSTAL CODE			
8. CERTIFICATE AUTHORIZATION										
ISSUER CMB Insurance Brokers				CONTACT NUMBER(S)	NO. 780-428-7256 TYPE F		780-424-4612			
AUTHORIZED REPRESENTATIVE Amar Dhins	a				NO. 700-420-7230 TYPE NO. TYPE	NC NC				
SIGNATURE OF AUTHORIZED REPRESENTATIVE	7			DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsura	nce.ca			



	er of information only and confers	•	•		y on the insu	irer.			
1. CERTIFICATE HOLDER - NAME AND MAIL			2. INSURED'S FULL NAME AND MAILING ADDRESS						
Nutrien Ltd., its Subsidiaries		ŀ	K&S Power Tongs Ltd.						
and Affiliates 122 - 1st Avenue South									
Suite 500		3	3614 - 63rd Ave Close						
Saskatoon, SK	POSTAL S7K		Lloydminster AB POSTAL TOV 2W1						
· ·	ONS/AUTOMOBILES/SPECIAL ITEMS TO WHIC					-			
Nutrien Ltd., its Subsidiaries and Insured and a Waiver of Subroga work performed under contract b CONTRIBUTORY, CONTRACTUA				,		-,			
4. COVERAGES									
	surance listed below have been issued to the ins document with respect to which certificate may be conditions of such policies.	oe issued or ma	ay pertain. The insuran						
	INSURANCE COMPANY	EFFECTIV	/E EXPIRY	LIMITS OF LIA		20)			
TYPE OF INSURANCE	AND POLICY NUMBER	Date YYYY/MM/E	Date OD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF			
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY		INSURANCE			
COMMERCIAL GENERAL LIABILITY	AVIVA Insurance Co of Canada			BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000			
CLAIMS MADE OR X OCCURRENCE	PEN 81723506	19/02/2	24 20/02/24	- EACH OCCURRENCE	1,000	2,000,000			
PRODUCTS AND / OR COMPLETED OPERATIONS EMPLOYER'S LIABILITY				PRODUCTS AND COMPLETED OPERATIONS	1 '	2,000,000			
X CROSS LIABILITY				AGGREGATE PERSONAL INJURY LIABILITY					
				OR PERSONAL AND ADVERTISING INJURY		2,000,000			
				LIABILITY		25 000			
NT TEMANTO LEGAL MADILITY				MEDICAL PAYMENTS	1,000	25,000 500,000			
X TENANTS LEGAL LIABILITY X POLLUTION LIABILITY EXTENSION				TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION	S&A	2,000,000			
				NON OWNED AUTOMOBILE		, ,			
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES						2,000,000			
AUTOMOBILE LIABILITY	AVIVA Insurance Co of Canada 6141231666			BODILY INJURY AND PROPERTY		2,000,000			
DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES	0141231000	19/02/2	24 20/02/24	DAMAGE COMBINED BODILY INJURY (PER PERSON)	1	, ,			
LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)	1				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED				PROPERTY DAMAGE					
TO PROVIDE INSURANCE EXCESS LIABILITY					10,000	3,000,000			
W UMBRELLA FORM	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	EACH OCCURRENCE	10,000	3,000,000			
■ S&A Pollution Included		13/02/2	20/02/24	AGGREGATE					
OTHER LIABILITY (SPECIFY)	AVIVA Insurance Co of Canada	19/02/2	24 20/02/24	Forest Fire Fighting		500,000			
	PEN 81723506 AVIVA Insurance Co of Canada				4 000				
X	PEN 81723506	19/02/2	24 20/02/24	Motor Truck Cargo	1,000	50,000			
X	AVIVA Insurance Co of Canada PEN 81723506	19/02/2	24 20/02/24	Equipment	5,000	726,317			
5. CANCELLATION			·						
Should any of the above described pol	licies be cancelled before the expirati	ion date the	ereof, the issuing	company will endeavor to mail	30 days w	ritten notice to the			
certificate holder named above, but fai	ilure to mail such notice shall impose	no obligat		, , , , ,	ents or repres	sentatives.			
6. BROKERAGE/AGENCY FULL NAME AND I	MAILING ADDRESS			URED NAME AND MAILING ADDRESS to the operations of the Named Insured)					
CMB Insurance Brokers		(Certificate Hole	der but only					
		v	with respect to	work performed					
#201, 1430 - 91 St. SW		C	on behalf or by	the Named					
Edmonton, AB	POSTAL T6X 1N		nsured (CGL (*					
BROKER CLIENT ID: K&SPO-1	CODE			,		POSTAL CODE			
8. CERTIFICATE AUTHORIZATION									
ISSUER CMB Insurance Brokers			CONTACT NUMBER(S)	NO 780 429 7256		790 424 4642			
AUTHORIZED REPRESENTATIVE Amar Dhins	sa .			NO. 780-428-7256 TYPE F NO. TYPE	NO.	780-424-4612			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	X	1	DATE 19/01	/09 EMAIL ADDRESS adhinsa	@cmbinsura	nce.ca			