

# Sample COI Template – Norega Gathering LLC

## CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

MM/DD/YYYY

<b>PRODUCER</b>		
<b>INSURED</b>  Name of Insured Address City, State, Zip	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : <span style="color: red;">List all insurers (AM Best A- VII or higher)</span> INSURER B : INSURER C : INSURER D :	<b>NAIC #</b> <span style="color: red;">List all NAICs</span> _____ _____ _____

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required	Required	Required	EACH OCCURRENCE <span style="color: red;">\$1,000,000</span> DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required	Required	Required	COMBINED SINGLE LIMIT (Ea accident) <span style="color: red;">\$1,000,000</span> BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Annual Aggregate
	<b>EXCESS / UMBRELLA LIABILITY</b>			Required	Required	Required	EACH OCCURRENCE <span style="color: red;">\$10,000,000</span> AGGREGATE <span style="color: red;">\$10,000,000</span>
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	Required	Required	Required	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT <span style="color: red;">\$1,000,000</span> E.L. DISEASE - EA EMPLOYEE <span style="color: red;">\$1,000,000</span> E.L. DISEASE - POLICY LIMIT <span style="color: red;">\$1,000,000</span>

- Endorsements Required:
  - Commercial General Liability Additional Insured (On-Going Operations)
  - Commercial General Liability Additional Insured (Completed Operations)
  - Commercial General Liability Waiver of Subrogation
  - Commercial General Liability Primary & Non-Contributory
  - Auto Liability Waiver of Subrogation
  - Auto Liability Additional Insured
  - Workers Compensation Waiver of Subrogation
- REQUIRED: Signed Master Service Agreement, W9, and Business License (where applicable)

**CERTIFICATE HOLDER**

**CANCELLATION**

**Norega Gathering LLC, Ageron Energy LLC, PetroCap Ageron LLC**  
**1250 NE Loop 410, Ste 500**  
**San Antonio, TX 78217**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ELECTRONIC OR WRITTEN SIGNATURE REQUIRED

All documents should be emailed to [norega@bcsops.com](mailto:norega@bcsops.com) or faxed to (888) 336-4067