



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2024

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> MARSH USA LLC. 500 Dallas St., Suite 1500 Houston, TX 77002  CN117631319-GAWU-CE-24-25	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C. No. Ext):</b>	<b>FAX (A/C. No.):</b>	
	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Starr Indemnity & Liability Company		38318
	<b>INSURER B :</b> N/A		N/A
	<b>INSURER C :</b> Various - See Acord 101		
	<b>INSURER D :</b> N/A		N/A
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**                                      **CERTIFICATE NUMBER:** HOU-003766241-17                                      **REVISION NUMBER:** 15

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR <input checked="checked" type="checkbox"/> Contractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MASILHS000962 24	06/26/2024	06/26/2025	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000
							MED EXP (Any one person)	\$ 25,000
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR <input checked="checked" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED                    RETENTION \$			Various (See Attached Schedule)	06/26/2024	06/26/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y / <input checked="checked" type="checkbox"/> N		N / A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Property including Contractors Equipment			Various (See Attached Schedule)	06/01/2024	06/01/2025	Limit	100,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Certificate Holder is included as additional insured where required by written contract. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions. The General Liability Policy Evidenced above includes Commercial Marine Liability, Marine Terminal Operator's Liability, Warfanger's Legal Liability, Stevedore's Legal Liability and Charterer's Legal Liability coverage.

**CERTIFICATE HOLDER**

Lake Charles Harbor and Terminal  
 District Executive Director  
 751 Bayou Pines East, Suite P  
 Lake Charles, LA 70602

**CANCELLATION**

**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

*Marsh USA LLC*

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> MARSH USA LLC.		<b>NAMED INSURED</b> Cameron LNG Holdings, LLC and Cameron LNG, LLC 2925 Briarpark Drive, Ste. 1000 Houston, TX 77042	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Excess Liability -  
 Schedule of Insurers and Policy Numbers:  
 Liberty Mutual Insurance Company - 15.00% Policy No. 3HAA0LOL011  
 New York Marine and General Insurance Company - 18.58% Policy No. ML2024MEE00417  
 Tokio Marine America Insurance Company - 10.00% Policy No. E0102594-10  
 Tango Specialty - 7.00% Policy No. OMS-24001111-01  
 National Union Fire Insurance Company of Pittsburgh PA thru AIG - 8.00% Policy No. 23551165  
 Mitsui Sumitomo Insurance USA, Inc. - 25.00% Policy No. OLM2510645  
 Starnet Insurance Company (Berkley) - 10.00% Policy No. BOUMA242545  
 Navigators Insurance Company \ The Hartford - 6.42% Policy No. HO24LIAZ0BND01

All Risk of direct physical loss or damage to real and personal property on a replacement cost basis, subject to policy terms, conditions and exclusions

Property Deductibles:  
 \$5,000,000 except:  
 Office Buildings: \$50,000  
 Named Windstorm: \$20,000,000, except 2% of value at location of loss, at Houston Office building, subject to a minimum of \$250,000.

## Cameron LNG, LLC

### June 1, 2024-25 Property Security

Policy No.	Carrier	Participation
64732561	National Union Fire Ins. Co. of Pitts, PA (AIG)	8.00%
ENGAO2450497	National Union Fire Ins. Co. of Pitts, PA (AIG)	16.60%
24SSLD0HD321821	Starr Surplus Lines Insurance Company	4.00%
42-PRP-311094-05	National Fire & Marine Ins. Co. (BH)	3.50%
CX N11109949 002	ACE American Insurance Company (Chubb)	3.00%
FA0040894-2024-1	General Security Indemnity of Arizona (SCOR)	6.18%
US00129728PR24A	XL Insurance America, Inc.	2.00%
OMP 0454045 09	Swiss Re Corporate Solutions Capacity Insurance Corporation (SwissRe)	5.00%
OGR 5948490-09	Zurich American Insurance Co.	1.10%
SCP 6481185 06	Tokio Marine America Insurance Co.	10.00%
ENGAO2450501	Great Lakes Insurance SE	5.00%
ENGAO2450588	Helvetia Global Solutions Ltd	3.00%
ENGAO2450497	HDI Global Specialty SE	3.00%
ENGAO2450497	Lloyd's Syndicate 1301 IGO (Inigo)	2.00%
ENGAO2450574	Allianz Global Corporate & Specialty SE	1.50%
ENGAO2450497	Markel International Ins. Co. Ltd	10.00%
ENGAO2450497	Lloyd's Underwriter Syndicate No. 4444 CNP	1.25%
ENGAO2450497	Convex Insurance UK Limited	3.50%
ENGAO2450576	Partner Re Ireland Insurance dac	1.00%
ENGAO2450499	Endurance Worldwide Insurance Ltd,	2.00%
ENGAO2450499	QBE UK Limited	2.62%
ENGAO2450498	AXA XL Insurance Company UK Ltd	2.00%
ENGAO2450497	Lloyd's Syndicate 1084 CSL (Chaucer)	2.50%
ENGAO2450500	Lloyd's Syndicate 2001 AML (Amlin)	1.25%
<b>Total Property/Terrorism</b>		<b>100.00%</b>