



# **CERTIFICATE OF LIABILITY INSURANCE**

9/15/2026

**DATE (MM/DD/YYYY)**

9/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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>	Lockton Companies, LLC  DBA as Lockton Insurance Brokers, LLC in CA  CA license #0F15767  3657 Briarpark Dr., Ste. 700  Houston TX 77042  (866) 260-3538 TXClientSrvUT@lockton.com	<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>INSURER A :</b> Old Republic Insurance Company	
<b>INSURED</b>	<b>INSURER B :</b> ACE American Insurance Company	24147	
1389322	LAKE CHARLES LNG EXPORT COMPANY, LLC  1300 MAIN STREET  HOUSTON, TX 77002		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

## COVERAGES

**CERTIFICATE NUMBER:** 13919491

**REVISION NUMBER:** XXXXXXXX

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	COMMERCIAL GENERAL LIABILITY			Y	Y	MWZY 59829 25		9/15/2025	9/15/2026	EACH OCCURRENCE	\$ 10,000,000					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 10,000,000					
										MED EXP (Any one person)	\$ XXXXXX					
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY	\$ 10,000,000					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC									GENERAL AGGREGATE	\$ 10,000,000					
										PRODUCTS - COMP/OP AGG	\$ See Below					
	OTHER:										\$					
A A	AUTOMOBILE LIABILITY			Y	Y	MWTB 21711 25 MWZX 315003 25		9/15/2025 9/15/2025	9/15/2026 9/15/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000					
	<input checked="" type="checkbox"/> ANY AUTO									BODILY INJURY (Per person)	\$ XXXXXX					
	OWNED AUTOS ONLY									BODILY INJURY (Per accident)	\$ XXXXXX					
	HIRED AUTOS ONLY									PROPERTY DAMAGE (Per accident)	\$ XXXXXX					
	<input checked="" type="checkbox"/> MCS-90										\$ XXXXXX					
	UMBRELLA LIAB					OCCUR				NOT APPLICABLE						
	EXCESS LIAB					CLAIMS-MADE				EACH OCCURRENCE	\$ XXXXXX					
										AGGREGATE	\$ XXXXXX					
	DED RETENTION \$										\$ XXXXXX					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					Y/N <input checked="" type="checkbox"/> N				Y	WLR C72798090 SCF C72798107 (MO, NC, OK, PA, WI)					
B B B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A	Y			9/15/2025 9/15/2025	9/15/2026 9/15/2026	X PER STATUTE	OTH-ER					
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. EACH ACCIDENT	\$ 10,000,000					
										E.L. DISEASE - EA EMPLOYEE	\$ 10,000,000					
										E.L. DISEASE - POLICY LIMIT	\$ 10,000,000					
B	*Excess Workers Compensation (OH)			N	Y	WCU C72798119		9/15/2025	9/15/2026	EL Each Acc \$10MM EL Disease-Policy Lim \$10MM EL Disease-Each Empl \$10MM						

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

EXCESS WORKERS COMPENSATION - \* POLICY APPLIES TO OHIO. Products/Completed Operations Aggregate Limit Subject to the General Aggregate Limit. All policies (except Workers' Compensation/EL) contain a special endorsement with "Primary and Noncontributory" wording.

## CERTIFICATE HOLDER

**CANCELLATION** See Attachment

13919491

Lake Charles Harbor & Terminal District  
Attn: Sharon Edwards  
P.O. Box 3753  
Lake Charles LA 70602

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**

ENTATIVE

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All policies (except Workers' Compensation/EL) include a blanket automatic additional insured endorsement [provision] that confers additional insured status to the certificate holder only if there is a written contract between the named insured and the certificate holder that requires the named insured to name the certificate holder as an additional insured. In the absence of such a contractual obligation on the part of the named insured, the certificate holder is not an additional insured under the policy.

All policies include a blanket automatic waiver of subrogation endorsement [provision] that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it. In the absence of such a contractual obligation on the part of the named insured, the waiver of subrogation feature does not apply.