



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/14/2025

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).

PRODUCER	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122		FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:			
INSURED	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A:	Ironshore Specialty Insurance Company		25445
	INSURER B:	Western World Ins Co		13196
	INSURER C:	American Guarantee & Liability Ins Co		26247
	INSURER D:			
	INSURER E:			
INSURER F:				

COVERAGES CERTIFICATE NUMBER: [REDACTED] REVISION NUMBER: [REDACTED]

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBH WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS		
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y		[REDACTED]	03/08/2025	03/08/2026	EACH OCCURRENCE	\$1,000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
								MED EXP (Any one person)	\$5,000	
								PERSONAL & ADV INJURY	\$1,000,000	
								GENERAL AGGREGATE	\$2,000,000	
								PRODUCTS - COMP/OP/AGG	Included	
								Hired & Non-Owned Au	Included	
C	AUTOMOBILE LIABILITY				[REDACTED]	03/08/2025	03/08/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)		
								BODILY INJURY (Per accident)		
								PROPERTY DAMAGE (Per accident)		
B	UMBRELLA LIAB	X OCCUR	Y		[REDACTED]	03/08/2025	03/08/2026	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$5,000,000	
	DED	RETENTION								
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A		[REDACTED]	03/08/2025	03/08/2026	X PER STATUTE E.L. EACHACCIDENT	\$1,000,000	
								E.L. DISEASE-EA EMPLOYEE	\$1,000,000	
								E.L. DISEASE-POLICY LIMIT	\$1,000,000	
A	Environmental Site Liability				[REDACTED]	06/28/2023	06/28/2026	Aggregate Limit	\$10,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Brownsville Navigation District, Project Owner and their agents, officers, directors and employees are included as Additional Insured in accordance with the policy provisions of the General Liability and Excess Liability policies. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Brownsville Navigation District in accordance with the policy provisions of the General Liability and Workers' Compensation policies. Excess Liability policy follows form.

CERTIFICATE HOLDER

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

Acord Risk Services Southwest Inc.

Holder Identifier :

Certificate No : 57011403184



ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Southwest, Inc.	NAMED INSURED Rio Grande LNG, LLC
POLICY NUMBER See Certificate Number: [REDACTED]	
CARRIER See Certificate Number: [REDACTED]	NAIC CODE EFFECTIVE DATE:

ADDITIONAL REMARKS

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

Excess Layer

Excess Layer: 1
Policy Number: [REDACTED]
Policy Term: 03/08/2025 To 03/08/2026
Underwriter: Starstone National Insurance Company
Limit: Excess 5Mx5M

Excess Layer: 2
Policy Number: [REDACTED]
Policy Term: 03/08/2025 To 03/08/2026
Underwriter: Scottsdale Ins Company
Limit: Excess 5Mx10M

Excess Layer: 3
Policy Number: [REDACTED]
Policy Term: 03/08/2025 To 03/08/2026
Underwriter: Evanston Insurance Company
Limit: Excess 10Mx15M