

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

certificate holder in lieu of such endorsement(s).										
PRODUCER (Name and address of agent or broker)						PHONE FAX				
(Name and address of agent of broker)						(A/C, No, Ext): (A/C, No):				
					ADDRE	SS:				
						INSURER(S) AFFORDING COVERAGE			NAIC#	
					INSUR	INSURER A: ABC Insurance Company			XXXXX	
INSURED (Name and address of party contracting with Magellan)					INSURE	INSURER B: DEF Insurance Company			XXXXX	
, , , , , , , , , , , , , , , , , , , ,					INSURER C :					
					INSURER D :					
					INSURE	INSURER E :				
20/27.07						INSURER F:				
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:			
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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	Γx				12/31/20XX	EACH OCCURRENCE \$ 1,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$	0,000		
	CLAIMS-MADE OCCUR		x				12/31/201X	MED EXP (Any one person) \$		
				XXXXXXXXXX				PERSONAL & ADV INJURY \$ 1,00	0,000	
								GENERAL AGGREGATE \$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 1,00	0,000	
	POLICY PRO- JECT LOC	Γx	Γx					COMBINED SINGLE LIMIT (Ea accident) \$ 1,00	0.000	
Α	× ANY AUTO] ^						BODILY INJURY (Per person) \$	0,000	
	ALL OWNED SCHEDULED AUTOS			VVVVVVVVVV		40/04/004		BODILY INJURY (Per accident) \$		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS			XXXXXXXXXX	12/31/	12/31/201X	12/31/20XX	PROPERTY DAMAGE (Per accident) \$		
	X MCS-90							(rei accident)		
В	X UMBRELLA LIAB OCCUR	Х	X		12/31/201X		EACH OCCURRENCE \$ 1,00	0.000		
	EXCESS LIAB CLAIMS-MADE	, ^ _		xxxxxxxxxx		12/31/201X	12/31/20XX	AGGREGATE \$ 1,00		
	DED RETENTION \$							\$	-,,,,,,	
С	WORKERS COMPENSATION							X WC STATU- TORY LIMITS OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		x	xxxxxxxxxx	/ /		12/31/20XX	E.L. EACH ACCIDENT \$ 1,00	0.000	
	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A	۱^ ا	^^^^	12/3/1/2017	12/3 1/20	E L DISEASE - EA EMPLOYEE \$ 1,00			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,00		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate holder is added as an additional insured to the extent required by written contract. Waiver of subrogation is included in favor of Magellan to the extent allowed by applicable law and as required by written contract. Auto Liability included endorsement CA-9948 or equivalent providing Broadened Pollution Liability Coverage and MCS-90 endorsement. Excess/Umbrella policy is follow form as respects additional insured and waivers of subrogation.										
CERTIFICATE HOLDER CAN						ANCELLATION				
Magellan Midstream Partners, L.P. One Williams Center					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Tulsa, OK 74172					AUTHORIZED REPRESENTATIVE					

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