

PRODUCER

Your Insurance provider information here:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY

A

INSURED

Your company name and address here

COMPANY

B

COMPANY

C

COMPANY

D

## 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                                                                    | ADCL SUOR INSR WVD                       | POLICY NUMBER                                                                                                                                                                          | POLICY EFF (MM/DD/YYYY)                      | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                     |
|----------|--------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------|
| A        | <b>GENERAL LIABILITY</b>                                                             |                                          | Policy Needed                                                                                                                                                                          |                                              |                         | EACH OCCURRENCE \$                                                                         |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                |                                          |                                                                                                                                                                                        | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |                         |                                                                                            |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR       | Y                                        |                                                                                                                                                                                        | MED EXP (Any one person) \$                  |                         |                                                                                            |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                   |                                          |                                                                                                                                                                                        | PERSONAL & ADV INJURY \$                     |                         |                                                                                            |
|          |                                                                                      |                                          |                                                                                                                                                                                        |                                              |                         | GENERAL AGGREGATE \$                                                                       |
|          |                                                                                      |                                          |                                                                                                                                                                                        |                                              |                         | PRODUCTS - COMP/OP AGG \$                                                                  |
|          |                                                                                      |                                          |                                                                                                                                                                                        |                                              |                         | \$                                                                                         |
|          | <b>AUTOMOBILE LIABILITY</b>                                                          |                                          | 1. Limit for leased/rental equipment is adequate to cover the replacement value of the item<br>2. Listed as Additional Insured (General Liability)<br>3. Loss Payee (Rented Equipment) |                                              |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                                     |
|          | <input type="checkbox"/> ANY AUTO                                                    |                                          |                                                                                                                                                                                        | BODILY INJURY (Per person) \$                |                         |                                                                                            |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                             | <input type="checkbox"/> SCHEDULED AUTOS |                                                                                                                                                                                        | BODILY INJURY (Per accident) \$              |                         |                                                                                            |
|          | <input type="checkbox"/> HIRED AUTOS                                                 | <input type="checkbox"/> NON-OWNED AUTOS |                                                                                                                                                                                        | PROPERTY DAMAGE (Per accident) \$            |                         |                                                                                            |
|          |                                                                                      |                                          |                                                                                                                                                                                        |                                              |                         | \$                                                                                         |
|          | <b>UMBRELLA LIAB</b>                                                                 | <input type="checkbox"/> OCCUR           |                                                                                                                                                                                        |                                              |                         | EACH OCCURRENCE \$                                                                         |
|          | <b>EXCESS LIAB</b>                                                                   | <input type="checkbox"/> CLAIMS-MADE     |                                                                                                                                                                                        |                                              |                         | AGGREGATE \$                                                                               |
|          | DED                                                                                  | RETENTION \$                             |                                                                                                                                                                                        |                                              |                         | \$                                                                                         |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                 | Y/N                                      | Policy Needed                                                                                                                                                                          |                                              |                         | WC STATU-TORY LIMITS                                                                       |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)         | N/A                                      |                                                                                                                                                                                        | E.L. EACH ACCIDENT \$                        |                         |                                                                                            |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                               |                                          |                                                                                                                                                                                        | E.L. DISEASE - EA EMPLOYEE \$                |                         |                                                                                            |
|          |                                                                                      |                                          |                                                                                                                                                                                        | E.L. DISEASE - POLICY LIMIT \$               |                         |                                                                                            |
|          | <b>OTHER</b>                                                                         |                                          | Policy #                                                                                                                                                                               | Start Date                                   | End Date                | Limit for Property Coverage:<br>Limit for Transit Coverage (if applicable):<br>Deductible: |
|          | If you have transit coverage, add that here. If not, it can be purchased through EXI |                                          |                                                                                                                                                                                        |                                              |                         |                                                                                            |

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS

Exploration Instruments, LLC should be listed as Additionally Insured with regard to General Liability. Exploration Instruments, LLC should be listed as Loss Payee with regard to Rented Equipment.

CERTIFICATE HOLDER

Exploration Instruments, LLC  
2808 Longhorn Blvd  
Suite 304  
Austin, TX 78758

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE