

EnviroCheck of Virginia, Inc.

120 Lovelane Street
Bluefield, Virginia 24605
276-322-1323

February 17, 2017

Mr. Andrew Lockwood, *Geologist II*
West Virginia Department of Environmental Protection
601 57th Street, S.E.
Charleston, West Virginia 25304

Re: *Land Application Permit Termination*
Enervest Operating, LLC
Horizontal Coal Bed Methane Well BCC002B
Land Application Permit #GP-WV-1-07-081-01419
Raleigh County, West Virginia
API # 081-01419
AST ID #041-00000021

Dear Mr. Lockwood:

This letter serves as documentation that the land application system for produced water has been terminated at the above referenced horizontal coal bed methane well. Enervest Operating, LLC and prior operators have operated this land application system since 2007. Due to the lack of production, the land application system was no longer needed. The land application system was removed by EnviroCheck of Virginia, Inc personnel on January 12, 2017. The 100 BBL polyethylene tank was removed along with the distribution boxes and discharge pipes. Photodocumentation is provided as **Attachment No. 1**. The 100 bbl tank (AST ID 041-00000021) was previously registered with the WVDEP and according to the Underground/Aboveground Storage Tank Branch, no formal AST closure is required (unless a release was identified) since the tank is a “registered and labeled” only AST, See **Attachment No. 2**. The 100 bbl tank was cut, cleaned and properly disposed of at Hamm Landfill in Peterstown, West Virginia. A tank disposal manifest is provided as **Attachment No. 3**.

After removal of the land application system and tank, the area was reseeded and covered with straw, see Photo documentation, **Attachment No. 1**.

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If you have any questions or desire any additional information, please feel free to contact me at 276-701-3093.

Sincerely,

EnviroCheck of Virginia, Inc.



Jacob L. Rhudy, III, LRS
Operations Manager

CC: *Mr. Chris Veazey – EV Charleston, WV*
Mr. Tommy Honaker – EV Ravencliff, WV
Mr. Gary Kennedy – OOG Inspector

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Photo 2: Typical discharge box.



Photo 1: View of 100 bbl tank prior to removal.



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Photo 3: Discharge lines being uncovered to be removed.



Photo 4: All surface discharge lines removed.

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Photo 5: Tank location and dike area reclaimed.

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Attachment No. 2
DEP Correspondence

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Jl@e2cofvirginia.com

From: Honaker, Cleve A <Cleve.A.Honaker@wv.gov>
Sent: Friday, December 2, 2016 9:06 AM
To: Jl@e2cofvirginia.com
Subject: RE: BCC002B tank registration

According to our database, these tanks are R&L. We do not require a closure authorization on R&L tanks. We only require closure on level 1 and 2 tanks. I would make sure to document the closure in some way such as photos. This will make things easier when the registration of the tank gets modified in the ESS system. Also, make sure to contact OER, Patty Perrine for Raleigh county, to make sure if they are requiring anything on their end.

Cleve

From: Jl@e2cofvirginia.com [mailto:jl@e2cofvirginia.com]
Sent: Friday, December 02, 2016 8:55 AM
To: Honaker, Cleve A <Cleve.A.Honaker@wv.gov>
Subject: FW: BCC002B tank registration

From: Romine, David [mailto:dromine@enervest.net]
Sent: Friday, December 2, 2016 8:42 AM
To: Veazey, Chris <cveazey@enervest.net>; Jl@e2cofvirginia.com
Cc: Honaker, Tommy <thonaker@EnerVest.net>
Subject: RE: BCC002B tank registration

There are 4 tanks showing as Registered to that location:

2 Tanks are 100 bbl: DEP# 041-00000021 & 041-00000022 (EV Merrick IDs 1463 & 1464)

2 Tanks are 50 bbl: DEP# 041-00000019 & 041-00000020 (EV Merrick IDs 1641 & 1462)

David Romine
HSE Specialist
EnerVest, Ltd.
300 Capitol Street, Suite 200
Charleston, WV 25301
304-414-8222

From: Veazey, Chris
Sent: Friday, December 02, 2016 8:18 AM
To: Romine, David
Subject: FW: BCC002B tank registration

Dave,

Can you check on this tank please?

JL is in the process of removing our land application permit at this site because of lack of activity. Lab costs are about \$1000/month so we take the permit off the list when not needed.

Thanks,

Chris Veazey
HSE Manager
W: 304-343-5505
C: 304-590-7707



From: jl@e2cofvirginia.com [<mailto:jl@e2cofvirginia.com>]
Sent: Friday, December 02, 2016 8:15 AM
To: Veazey, Chris
Cc: Honaker, Tommy
Subject: BCC002B tank registration

Hey Chris,
Can you check and see if this tank is registered?—100 bbl poly tank.
Thanks
JL

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Attachment No. 3
Disposal Manifest

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TANK DISPOSAL MANIFEST

1) Tank Owner/Authorized Representative:

EV. OPERATING LLC
Name
PO Box 4088
Street/PO Box
City RAINCLIFF State WV Zip 25450

2) Tank owner/Authorized Representative: Phone No: 276-701-3093

3) Site Reference: BCC002B -

4) Description of Tank:

<u>Tank No.</u>	<u>Capacity</u>	<u>Previous Contents</u>
<u>041-0000021</u>	<u>100 bbl</u>	<u>CBM WATER</u>

5) Tank Owner/Authorized Representative Certification: The undersigned certifies that the above listed storage tank has been removed from the premises of the tank owner.

JL Ruddy Jr [Signature] 4/12/17
Printed/Typed Name Signature Date

6) Decontamination Manager: The undersigned certifies that the tank has been cleaned and scrapped.

JL Ruddy Jr [Signature] 4/12/17
Printed/Typed Name Signature Date

8) Disposal Certification: The undersigned certifies that the above named storage tank has been cut into scrap pieces and accepted by the metal recycling facility.

Disposal Recycling Facility: SEE HAN LANDFILL RECEIPT

Printed/Typed Name Signature Date
[Signature] [Signature] [Date]


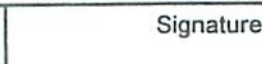
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HAM SANITARY LANDFILL, INC.

P.O. BOX 576 - 519 ROY MARTIN RD.
 PETERSTOWN, WV 24963
 (304) 753-8470

Area _____
 CS _____
 Lift _____
 Trailer # _____

WASTE SHIPMENT MANIFEST

GENERATOR	1. Work site name and mailing address <i>ENEVEST OPERATING - BCC002B</i>		Owner's Name	Owner's Phone No.
	2. Operator's Name and Address <i>ENEVEST OPERATING, LLC Roercliff, WV</i>		Operator's Phone No. <i>304-294-6767</i>	
	3. Waste disposal site (WDS) name, mailing address, and physical site location HAM Sanitary Landfill, Inc. P.O. Box 576 - 519 Roy Martin Road Peterstown, WV 24963		Permit No. SWF-2032 WV0109240	WDS Phone No. (304) 753-9470
	4. Name and address of responsible agency <i>NA</i>			
	5. Description of materials <i>New Haz Plastic Tank/SLUDGE</i>	6. Containers No. <i>1</i>	Type	7. Total quantity (yd ³)
	8. Special handling instructions and additional information NA2212, Asbestos, 9, PG III			
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
	Printed/Typed Name and Title <i>JL Ruddy Jr Operations Mgr</i>		Signature 	Month Day Year <i>02 02 17</i>
	10. Transporter 1 (Acknowledgement of Receipt of Materials)			
TRANSPORTER	Printed/Typed Name and Title		Signature	Month Day Year
	Address and Telephone No.			
	11. Transporter 2 (Acknowledgement of Receipt of Materials)			
	Printed/Typed Name and Title		Signature	Month Day Year
Address and Telephone No.				
DISPOSAL SITE	12. Discrepancy Indication Space			
	RECEIVED Office of Oil and Gas FEB 27 2017 WV Department of Environment			
	13. Waste Disposal Site Owner or Operator: Certification of Receipt of Asbestos Materials Covered by this Manifest Except as Noted in Item 12.			
HAM Sanitary Landfill, Inc.		519 Roy Martin Road		Peterstown, WV
Printed/Typed Name and Title <i>Harry David Humphrey, Jr. - Pres.</i>		Signature 	Month Day Year <i>11/22/2024</i>	

HAM Sanitary Landfill, LLC
519 Roy Martin Rd.
PO Box 576, Peterstown, WV 24963
Phone: (304)753-9470

* REPRINT *

Ticket Number 252743
Truck No. L17
Trailer No.

Customer Enviro/check, L.L.C.
Address 375 Mountain Lane, Tazewell, VA 24651

Hauler Lusk Disposal
Driver Name Wesley McPherson
Project Site Bluefield, VA
Product C & D
PO No.

Gross 46640
Tare 31460
Net 15180
Quantity 7.59 Tons

Date Out 02/02/2017
Time In 03:07 PM
Time Out 3:26 PM

Unit Price: \$0.00
Amount: \$1.31
Tip Fee: \$0.00
Sub Total: \$1.31
WV Assessment: \$0.00
Local Assessment: \$0.00
Total: \$1.31
Paid By:
Check #: 0
License Plate#:

Driver Signature

Weighmaster Signature

COMMENTS

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SCHEDULE B: SCOPE OF WORK / BASIS OF COMPENSATION (Rev 10/2011)

1. GENERAL INFORMATION

The Agreement for Subcontractor Services ("Subcontract Agreement") signed on 11.06.07 by and between ARCADIS U.S., Inc. and ENVIROCHECK OF VIRGINIA, INC. ("Subcontractor") "WORK AUTHORIZATION No.		WA318.EnviroCheck.XOM- 20457.85851
Date Issued:	02.17.17	ARCADIS Project No
Subcontractor Name & Address:	EnviroCheck of Virginia, Inc. 120 Lovelane Street Bluefield, VA 24605 AUS.MSA.NATL.ENVIROCHECK.2007	ARCADIS' Client Name / Prime Contract or Effective Date: ExxonMobil/ DEC 2010

2. PROJECT INFORMATION

Project Name: XOM# 20457	Project Location: 19040 Midland Trail, Ansted, WV
ARCADIS Project Manager: HILLARY GOODELL	ARCADIS PIC/Area Manager: STEPHEN BARRICK

3. BILLING INFORMATION

Mail All Invoices To: ARCADIS U.S., Inc. Attention: Accounts Payable 630 Plaza Drive, Suite 600 Highlands Ranch, CO 80129	Arcadis prefers to pay via ETF (Electronic Funds Transfer) , therefore contact the AP Hotline to provide: your ABA routing number, bank account number, name on the account. In addition every invoice should include the relevant Arcadis project manager's name (first and last name) and the Arcadis 12-digit project number (e.g. GA123456.0000) to ensure timely payment. Invoices without the required information may be returned unpaid with a request for the missing information, resulting in delayed payment.
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AP Hotline – 303.471.3699 or E-Mail billing inquiries to ACA.Admin@arcadis-us.com

SUBCONTRACTOR shall reference the **ARCADIS Project, Subcontract and Work Authorization Numbers** on all invoices. SUBCONTRACTOR shall also include the Total Amount Authorized as well as amounts due for the **Current Billing Period and Project To-Date** Totals on all invoices.

4. WORK AUTHORIZATION / CHANGE ORDER INFORMATION

Work Authorization / Change Order Initiated By:	<input checked="" type="checkbox"/> ARCADIS	<input type="checkbox"/> Subcontractor
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5. TO AUTHORIZE A NEW SCOPE OF WORK

In accordance with the terms and conditions of the Subcontract Agreement referenced above between ARCADIS US, Inc. (hereinafter referred to as "ARCADIS") and SUBCONTRACTOR, SUBCONTRACTOR is authorized to provide the following services:

DESCRIPTION OF WORK: AS INDICATED IN THE ATTACHED PROPOSAL/SCOPE

ADDITIONAL INFORMATION ATTACHED?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, identify: <u>SCOPE</u> or check box(es) below
FOR LABORATORY SERVICES:	<input checked="" type="checkbox"/> Prime Agreement Incorporated by Reference <input type="checkbox"/> Current Compliant Insurance Certificate
FOR INTRUSIVE WORK (Drilling, Excavating, etc.):	<input type="checkbox"/> Release/Waiver of Claims and Liens Form <input type="checkbox"/> Work Authorization, Part 2 - Laboratory Task Order (LTO) <input type="checkbox"/> ARCADIS to dispose of SUBCONTRACTOR generated purge water and core drillings

PROJECT SCHEDULE	Target Start Date: April 18, 2017	Required Completion Date: TBD
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YOUR COMPENSATION FOR THESE SERVICES SHALL BE:		
<input checked="" type="checkbox"/> Time & Materials in accordance with the attached Rate Schedule	<input type="checkbox"/> Cost plus Fixed Fee of ____ % in accordance with attached Fixed Fee Schedule	<input type="checkbox"/> Unit Pricing in accordance with the attached Unit Price Fee Schedule

A maximum not to exceed amount of \$3,175.00 (THREE THOUSAND ONE HUNDRED SEVENTY-FIVE DOLLARS) is authorized to cover these services. SUBCONTRACTOR shall not incur charges in excess of this amount without prior written approval from ARCADIS.

-OR-

<input type="checkbox"/> A Lump Sum Fee of ____ (\$____) is authorized to cover these services.	<input type="checkbox"/> Attached
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6. TO CHANGE A PREVIOUSLY AUTHORIZED SCOPE OF WORK

In accordance with the terms and conditions of the Subcontract Agreement referenced above between ARCADIS US, Inc. (hereinafter referred to as "ARCADIS") and SUBCONTRACTOR, the previously authorized scope of work and basis of compensation is modified as follows:

Description of Change:

Reason for Change:

Additional Information Attached?	<input type="checkbox"/> No <input type="checkbox"/> Yes, identify: ____
Schedule Impact?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain: ____ and insert revised start and/or completion dates below, as applicable

Original Project Start Date:	New Project Start Date:
Original Project Completion Date:	New Project Completion Date:

Cost Impact?	<input type="checkbox"/> No change to Subcontract Price <input type="checkbox"/> Subcontract Price Increased <input type="checkbox"/> Subcontract Price Decreased <input type="checkbox"/> No change in subcontract amount presently anticipated; however, final subcontract amount to accommodate this change upon project completion.
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Cost Increase / Decrease	The amount of the subcontract will be <input type="checkbox"/> increased or <input type="checkbox"/> decreased by the sum of ____ (\$____). The total revised Contract Price is ____ (\$____)
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7. TO EXTEND OR REINSTATE THE TERM OF AN EXPIRING or EXPIRED SUBCONTRACT AGREEMENT

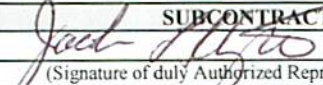
Original Subcontract Expiration Date:	New Subcontract Expiration Date:
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8. TO INCORPORATE NEW SUBCONTRACTOR RATE SCHEDULE

Apply New Rates to:	<input type="checkbox"/> New Work Authorizations Only Effective: <input type="checkbox"/> New and Existing Work Authorizations Effective:
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9. EXECUTION

The undersigned SUBCONTRACTOR accepts this Work Authorization in all respects noted above. This document shall become a supplement to the Subcontract Agreement and all provisions will apply hereto. It is understood that the Work Authorization shall be effective on _____, 2017.

By: 	By: _____
(Signature of duly Authorized Representative)	(Signature of duly Authorized Representative – Per Signature Authority Matrix)
Name Printed: JACOB L. RHUDY, III, LRS	Name Printed: JON FARLEY
Title Printed: OPERATIONS MANAGER	Title Printed: CERTIFIED PROJECT MANAGER

11/22/2024

EnviroCheck of Virginia, Inc.

375 Mountain Lane
Tazewell, Virginia 24651
276-322-1323

January 30, 2017

Ms. Alex Simpson, *AFS Task Leader 3*
Arcadis US, Inc
801 Corporate Center Drive, Suite 300
Raleigh, NC 27607

*Re: Cost Estimate, Monitoring Well Installation
Former XOM
Ansted, WV*

Dear Ms. Simpson:

EnviroCheck of Virginia, Inc. (EC) is pleased to present this cost estimate to install one 2”permanent monitoring well located at the above referenced facility. The boring will be hand cleared with an air-knife to eight feet below surface grade. All soil will be field assessed with a photoionization detector at 2 foot intervals by Arcadis. The monitoring well will be completed using 0.010 slot well screen and riser with flush mount surface construction. The well will be installed and registered by a WV Licensed Well Driller. . All drill cuttings will be containerized in DOT 17 E drums and left on-site.

Following is EnviroCheck’s estimated cost to provide the above referenced services.

Cost Estimate

Air-knife/technician - \$750/day x 1 day	\$ 750.00
Drill Rig Mob/demob – 1 @ \$500/each.....	\$ 500.00
20 foot two- inch well – 20 L.F. @ \$50/L.F.....	\$ 1,000.00
Probe Unit – 1/2 days @ \$1,200/day	\$ 600.00
Drums – 1 drum @ \$50/each	\$ 150.00
WV well registration, 1 @ \$25/each.....	\$ 25.00
Flush Mount well pad construction, 1 @ \$100/each	\$ 150.00
Grand Total..	\$ 3,175.00

January 30, 2017

EnviroCheck appreciates the opportunity to provide this cost proposal to Arcadis and we look forward to providing the above services. As always, **Safety First** and EnviroCheck welcomes the opportunity to be of assistance on this very important project. If you have any questions or desire any additional information, please feel free to contact me.

Sincerely,

EnviroCheck of Virginia, Inc.



Jacob L. Rhudy, III, LRS
Operations Manager
WV Well Driller #WV00433



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/17/2016

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).

PRODUCER Trustpoint Insurance 2343 Front Street Richlands VA 24641	CONTACT NAME: Twanna Jackson, CIC PHONE (A/C No. Ext): (276) 963-1021 E-MAIL ADDRESS: tjackson@trustpointins.com	FAX (A/C No.): (888) 872-5496
	INSURER(S) AFFORDING COVERAGE	
INSURED EnviroCheck of Virginia Inc 375 Mountain Lane Tazewell VA 24651	INSURER A: One Beacon	
	INSURER B: Selective Insurance Company of	
	INSURER C: American Mining Insurance Co	
	INSURER D: Homeland Insurance Co of NY	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1681708837 **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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		793-00-25-19-0002	8/29/2016	8/29/2017	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Pollution Liability					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 10,000,000
	OTHER:					GENERAL AGGREGATE \$ 10,000,000
B	AUTOMOBILE LIABILITY		8 2155325	3/2/2016	3/2/2017	PRODUCTS - COMP/OP AGG \$ 10,000,000
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				Contractors Pollution Liability \$ 10,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						Uninsured motorist property \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	793-00-53-68-0000	11/2/2016	11/2/2017	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	AMWC192902	11/1/2016	11/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER Envirocheck of Virginia, Inc. 375 Mountain lane Tazewell, VA 24651	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 John Warner, CIC/TJJ

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