

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/22/2010

<b>PRODUCER</b> BBVA Compass Insurance Agency, Inc. 1703 West 5th St, Suite 500 Austin, TX 78703 1 800 436-7873	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> TDI-Brooks International, Inc 1902 Pinon College Station, TX 77845	INSURER A: <b>First Mecury Ins Co</b>	<b>10657</b>
	INSURER B: <b>Progressive Ins Co</b>	<b>37885</b>
	INSURER C: <b>London Lloyds Syndicates</b>	
	INSURER D: <b>Texas Mutual Insurance Co</b>	<b>22945</b>
	INSURER E: <b>OspreyUnderwriters Lloyds</b>	


**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>		<b>GENERAL LIABILITY</b>	<b>FMTX007667</b>	<b>07/28/10</b>	<b>07/28/11</b>	EACH OCCURRENCE	<b>\$1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$50,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	<b>\$5,000</b>
		<input checked="" type="checkbox"/> <b>Foreign GL:</b>	<b>WR10005029</b>	<b>07/28/10</b>	<b>07/28/11</b>	PERSONAL & ADV INJURY	<b>\$1,000,000</b>
		<b>CHARTIS WorldSource</b>	<b>Natl Union Fire</b>			GENERAL AGGREGATE	<b>\$2,000,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	<b>\$2,000,000</b>
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
<b>B</b>		<b>AUTOMOBILE LIABILITY</b>	<b>04183044-5</b>	<b>02/11/10</b>	<b>02/11/11</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$1,000,000</b>
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS	<b>WR10005029</b>	<b>07/28/10</b>	<b>07/28/11</b>		
		<input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>Natl Union Fire</b>				
		<input checked="" type="checkbox"/> <b>Foreign Auto:</b>					
		<b>CHARTIS World</b>					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
<b>C</b>	<b>C</b>	<b>EXCESS/UMBRELLA LIABILITY</b>	<b>MA0900753</b>	<b>07/28/10</b>	<b>07/28/11</b>	EACH OCCURRENCE	<b>\$9,000,000</b>
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		<b>07/28/10</b>	<b>07/28/11</b>	AGGREGATE	<b>\$9,000,000</b>
		<input type="checkbox"/> DEDUCTIBLE				<b>Marine</b>	<b>\$&lt;Bumbershoot&gt;</b>
		<input checked="" type="checkbox"/> RETENTION <b>\$ 25,000</b>					\$
<b>D</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>SBP0001069102</b>	<b>07/28/10</b>	<b>07/28/11</b>	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<b>FOREIGN WC/EL/TRAV:</b>	<b>07/28/10</b>	<b>07/28/11</b>	E.L. EACH ACCIDENT	<b>\$1,000,000</b>
			<b>CHARTIS WorldSource</b>			E.L. DISEASE - EA EMPLOYEE	<b>\$1,000,000</b>
			<b>WR10005029</b>	<b>Natl Union</b>		E.L. DISEASE - POLICY LIMIT	<b>\$1,000,000</b>
<b>E</b>		<b>OTHER Hull&amp;Machin</b>	<b>MA0900306</b>	<b>07/28/10</b>	<b>07/28/11</b>	<b>P&amp;I Limit: 1,000,000</b>	
<b>E</b>		<b>Protection&amp;Indemn</b>	<b>MA0900306</b>	<b>07/28/10</b>	<b>07/28/11</b>	<b>Per Occ Ded: 5,000</b>	
<b>E</b>		<b>CharterLegalLiab</b>	<b>MA0900321</b>	<b>07/28/10</b>	<b>07/28/11</b>	<b>Charters: 1,000,000</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**WATER QUALITY INS SYNDICATE #43-11785 07/28/2010-07/28/2011**  
**WATER POLLUTION ARTICLES A,B: 5,000,000; ARTICLES C,D,E,F,G: 1,000,000**

SEE PAGE 3 OF 3 - SCHEDULED VESSELS  
 (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b>  Informational ALL INS CO's A - G	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## DESCRIPTIONS (Continued from Page 1)

TDI-BROOKS INTERNATIONAL, INC <con't>

**Scheduled Vessels:**

R/V 18' Boston Whaler

R/V Brooks McCall

R/V GeoExplorer

R/V Gyre

R/V J.W. Powell

R/V Rylan T

Name 3: MASTER CERT