

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/12/2009

PRODUCER Compass Insurance Agency, Inc. 5800 North Mopac Austin, TX 78731 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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED TDI-BROOKS INTERNATIONAL, INC 1902 Pinon College Station, TX 77845	INSURER A: First Mercury InsuranceCo	10657
	INSURER B: Progressive Insurance Co	10447
	INSURER C: Markel Ins & XL Specialty	38970
	INSURER D: Texas Mutual Insurance Co	22945
	INSURER E: Osprey/UnderwritersLloyds	


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	
A		GENERAL LIABILITY	FMTX003735	01/28/09	01/28/10	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B		AUTOMOBILE LIABILITY	04183044-4	02/11/09	02/11/10	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input checked="" type="checkbox"/> Foreign Auto:	WR10005029	01/28/09	01/28/10			
	<input type="checkbox"/> AIG WORLDRISK						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
C		EXCESS/UMBRELLA LIABILITY	MARKEL INS:	01/28/09	01/28/10	EACH OCCURRENCE	\$9,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	#MGMEBS01261	01/28/09	01/28/10	AGGREGATE	\$9,000,000
		<input type="checkbox"/> DEDUCTIBLE	XL SPECIALTY:				
		<input checked="" type="checkbox"/> RETENTION \$ 25,000	#UM00013737EL08A				
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	SBP0001069102	01/28/09	01/28/10	<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	FOREIGN WC/EL/TRAV:	01/28/09	01/28/10	E.L. EACH ACCIDENT	\$1,000,000
			AIG WORLDRISK:			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
			#WR10005029			E.L. DISEASE - POLICY LIMIT	\$1,000,000
E		OTHER HULL	MA0800306	01/28/09	01/28/10	P&I Limit: 1,000,000	
E		Protection&Indemn	MA0800306	01/28/09	01/28/10	Per Occ Ded: 5,000	
E		CharterLegalLiab	MA0800321	01/28/09	01/28/10	Charters: 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
WATER QUALITY INS SYNDICATE #4111785 01/28/2009-01/28/2010
WATER POLLUTION ARTICLES A,B: 5,000,000; ARTICLES C,D,E,F,G: 1,000,000

(See Attached Descriptions)

CERTIFICATE HOLDER For Informational Purposes Only	CANCELLATION 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 GeoExplorer
R/V Gyre
R/V J.W. Powell
R/V Brooks McCall
R/V Rylan T