



**COVERAGES**

**CERTIFICATE NUMBER:** CHI-007087540-25

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> MARINE GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP / OP AGG \$ \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> USL&H ENDORSEMENT <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. (Each accident) \$ E.L. DISEASE (Ea employee) \$ E.L. DISEASE - POLICY LIMIT \$ \$ \$ \$ \$	
	<b>U.S. LONGSHORE &amp; HARBOR WORKERS COMPENSATION ACT</b> <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. (Each accident) \$ E.L. DISEASE (Ea employee) \$ E.L. DISEASE - ANN AGG \$ \$	
	<b>AIRCRAFT LIABILITY</b> <input type="checkbox"/> OWNED AIRCRAFT <input type="checkbox"/> NON-OWNED AIRCRAFT <input type="checkbox"/> PASSENGER LIABILITY					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
C	<b>UMBRELLA / EXCESS LIAB / BUMBERSHOOT</b> <input type="checkbox"/> UMBRELLA <input type="checkbox"/> BUMBERSHOOT <input checked="" type="checkbox"/> EXCESS <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		OMX10014748605	10/01/2024	10/01/2025	EACH OCCURRENCE \$	20,000,000
E			MASILCH00215024	10/01/2024	10/01/2025	AGGREGATE \$	20,000,000
F			NYAB3LZD005	10/01/2024	10/01/2025		\$
G			MAXS241000173005	10/01/2024	10/01/2025		\$
	<b>ENERGY</b> CONTROL OF WELL / OPERATORS EXTRA EXPENSE <input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC) OFFSHORE OIL AND GAS PROPERTY <input type="checkbox"/> PLATFORMS <input type="checkbox"/> PIPELINES ONSHORE OIL AND GAS PROPERTY <input type="checkbox"/> OIL & GAS PROPERTY <input type="checkbox"/> CONTRACTORS EQUIPMENT NAMED WINDSTORM <input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE					CSL, ANY ONE OCCURRENCE (100% interest) \$ ANY ONE OCCURRENCE (100% interest) \$ VALUES AS SCHEDULED \$ VALUES AS SCHEDULED \$ \$ \$ VALUES AS SCHEDULED \$ VALUES AS SCHEDULED \$ \$ AGGREGATE \$	

**VESSEL(S):** AS PER ATTACHED SCHEDULE AS DETAILED IN THE DESCRIPTION OF OPERATIONS

**DESCRIPTION OF OPERATIONS / LOCATIONS (ACORD 101, Additional Remarks Schedule, may be attached, if more space is required)**  
 Hull/Protection & Indemnity provide blanket additional assured status to 3rd parties where required by written contract or agreement  
 Hull/Protection & Indemnity provide waiver of subrogation in favor of 3rd parties where required by written contract or agreement



**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA, LLC.		NAMED INSURED American Electric Power Company, Inc. and its Subsidiaries 1 Riverside Plaza Columbus, OH 43215-2373
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 31 FORM TITLE: Certificate of Marine / Energy Insurance**

INSURERS AFFORDING COVERAGE/NAIC #

INSURER G: Ascot Insurance Company (23752)

INSURER H: Atlantic Specialty Insurance Company (27154)

1st Layer Excess Liability (4M XS 1M)

Policy #: CUL50229.104

Carrier: U.S. Specialty Insurance Company, Hartford and Swiss Re - all through Continental Underwriters.

Effective Date: 10/01/2024

Expiration Date: 10/01/2025

Limit: \$4,000,000

Named Insured Includes, but is not limited to: American Electric Power Company, Inc., AEP Generating Company, Appalachian Power Company, Indiana Michigan Power Company, Kentucky Power Company, Ohio Power Company, AEP Service Corporation (As Agent).

Other deductibles may apply as per policy terms and conditions.