

CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY) 10/02/2025

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 have ADDITIONAL INSURED provisions or 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).

| ting certificate does not comer rights to the certificate holder in hea or so | aon enaoroement(o). | | | | | | |
|---|---|-------------------|--|--|--|--|--|
| PRODUCER MARSH USA, LLC. | CONTACT NAME: | | | | | | |
| 800 Market Street, Suite 1800 | PHONE (A/C, No, Ext): | FAX (A/C, No): | | | | | |
| St. Louis, MO 63101 | E-MAIL ADDRESS: | | | | | | |
| | PRODUCER CUSTOMER ID #: | | | | | | |
| CN102679986-MAR-1XS-25-26 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | | |
| INSURED | INSURER A: U.S. Specialty Insurance Co | 29599 | | | | | |
| American Electric Power Company, Inc. and its Subsidiaries | INSURER B: Safe Harbor Pollution Insurance, LLC | | | | | | |
| 1 Riverside Plaza | INSURER C: Endurance American Insurance Company | 10641 | | | | | |
| Columbus, OH 43215-2373 | INSURER D: Starr Indemnity & Liability Company | 38318 | | | | | |
| | INSURER E: Imperium Insurance Company | | | | | | |
| | INSURER F: Ascot Insurance Company | 23752 | | | | | |

COVERAGES CERTIFICATE NUMBER: CHI-007087540-26 REVISION NUMBER: 6

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 | ADDL S | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMI | TS | |
|-------------|--------------------------|-------------------------------|--------|-------------|---------------|----------------------------|----------------------------|----------------|----------------------------------|----|-----------|
| Α | HULL AND MACHINERY | | | | CUL11962.105 | 10/01/2025 | 10/01/2026 | Х | PER SCHEDULE ON FILE | E | |
| | | | | | | | | | INSURED VALUE | \$ | |
| | | COLLISION LIABILITY | | | | | | СО | LLISION (Ea occurrence) | \$ | |
| | | TOWERS LIABILITY | | | | | | TO | WERS (Ea occurrence) | \$ | |
| | Х | Removal of Wreck | | | | | | De | ductible: | \$ | 75,000 |
| Α | PROTECTION AND INDEMNITY | | | | CUL11962.105 | 10/01/2025 | 10/01/2026 | PER CLUB RULES | | | |
| | Х | CREW LIABILITY X JONES ACT | | | | | | Х | EA OCCURRENCE PER VESSEL, CSL | \$ | |
| | Х | COLLISION LIABILITY | | | | | | СО | LLISION (Ea occ), CSL | \$ | |
| | Х | TOWERS LIABILITY | | | | | | | WERS (Ea occ), CSL | \$ | |
| | | REMOVAL OF WRECK | | | | | | REI (Ea | MOVAL OF WRECK occurrence) | \$ | |
| | Х | IN REM | | | | | | | h Occurrence: | \$ | 1,000,000 |
| | Χ | Wharfingers/Stevedores/SRLL | | | | | | | | \$ | |
| | Χ | Limited Contractual Liability | | | | | | Ded | uctible: | \$ | 150,000 |
| В | POL | LUTION LIABILITY | | | V1500225 | 10/01/2025 | 10/01/2026 | EA | OCCURRENCE | \$ | 5,000,000 |
| | Х | OPA 90 | | | | | | | | \$ | |
| | Χ | CERCLA | | | | | | | | \$ | |
| | Χ | NON-OPA / NON-CERCLA | | | | | | | | \$ | |
| | | | | | | | | | | \$ | |
| | MAF | RITIME EMPLOYERS LIABILITY | | | | | | AN' | Y ONE PERSON | \$ | |
| | | ALTERNATE EMPLOYER | | | | | | AN' | Y ONE ACCIDENT | \$ | |
| | INC | LUDES CREW EMPS | | | | | | | | \$ | |
| | | JONES ACT | N/A | | | | | | | \$ | |
| | | DEATH ON THE HIGH SEAS | | | | | | | | \$ | |
| | | IN REM ENDORSEMENT | | | | | | | | \$ | |
| | | | | | | | | | | \$ | |
| | | | | | | | | | | \$ | |
| | | | | | | | | | | \$ | |
| | | | | | | | | | | \$ | |

| | March USA LLC |
|---|--|
| | AUTHORIZED REPRESENTATIVE |
| American Electric Power Company, Inc. and its Subsidiaries 1 Riverside Plaza Columbus, OH 43215-2373 | SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| CERTIFICATE HOLDER | CANCELLATION |

COVERAGES CHI-007087540-26

| | VERAGES | | | | | ICATE NUMBER: OHI-OC | 77 007 040-20 |
|-----------------|---|-------------|---|----------------------------|----------------------------|--|---------------|
| INSR LTR | TYPE OF INSURANCE | ADDL SU | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | 's |
| LIIX | COMMERCIAL GENERAL LIABILITY | INSD W | VB TOLIOT NOMBER | (WINNIDD/TTTT) | (WINNED/TTTT) | EACH OCCURRENCE | \$ |
| | MARINE GENERAL LIABILITY | | | | | DAMAGE TO RENTED | |
| | | | | | | PREMISES (Ea occurrence) | \$ |
| | CLAIMS-MADE OCCUR | | | | | MED EXP (Any one person) | \$ |
| | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | GENERAL AGGREGATE | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS-COMP / OP AGG | \$ |
| | POLICY PRO- JECT LOC | | | | | | \$ |
| | OTHER: | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT | |
| | COLIEDINED | | | | | (Ea accident) | \$ |
| | ANY AUTO SCHEDULED AUTOS NON-OWNED | | | | | BODILY INJURY (Per person) | \$ |
| | AUTOS ONLY AUTOS ONLY | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | WORKERS COMPENSATION | | | | | ☐ PER ☐ OTH- | |
| | AND EMPLOYERS LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE N | | | | | E.L. (Each accident) | \$ |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | E.L. DISEASE (Ea employee) | \$ |
| | If yes, describe under DESCRIPTION | | | | | E.L. DISEASE - POLICY LIMIT | |
| | OF OPERATIONS below | N/A | | | | E.E. DIOLAGE T GLIGIT LIMIT | \$ |
| | ALTERNATE EMPLOYER | | | | | | \$ |
| | USL&H ENDORSEMENT | | | | | | \$ |
| | MARITIME EMPLOYERS LIABILITY | | | | | | \$ |
| | OCSL ACT | | | | | | \$ |
| | U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT | | | | | □ PER □ OTH- STATUTE □ ER | |
| | ALTERNATE EMPLOYER | | | | | E.L. (Each accident) | \$ |
| | MARITIME EMPLOYERS LIABILITY | N/A | | | | E.L. DISEASE (Ea employee) | |
| | | | | | | | \$ |
| | OCSL ACT | | | | | E.L. DISEASE - ANN AGG | \$ |
| | | | | | | | \$ |
| | AIRCRAFT LIABILITY | | | | | EACH OCCURRENCE | \$ |
| | OWNED AIRCRAFT | | | | | AGGREGATE | \$ |
| | NON-OWNED AIRCRAFT | | | | | | \$ |
| | PASSENGER LIABILITY | | | | | | \$ |
| | | | | | | | \$ |
| С | UMBRELLA / EXCESS LIAB / BUMBERSHOOT | | OMX10014748606 | 10/01/2025 | 10/01/2026 | EACH OCCURRENCE | 20,000,000 |
| D | | | MASILCH00215025 | 10/01/2025 | 10/01/2026 | | 20,000,000 |
| | UMBRELLA BUMBERSHOOT | | | 10/01/2025 | | AGGREGATE | \$ 20,000,000 |
| E | X EXCESS | | TSOM251033-00 | | 10/01/2026 | | \$ |
| F | CLAIMS MADE OCCUR | | MAXS251000173006 | 10/01/2025 | 10/01/2026 | | \$ |
| | DED RETENTION \$ | | | | | | \$ |
| | ENERGY | | | | | CSL, ANY ONE | |
| | CONTROL OF WELL / OPERATORS EXTRA EXPENSE | | | | | OCCURRENCE (100% interest) | \$ |
| | CARE, CUSTODY AND CONTROL (CCC) | | | | | ANY ONE OCCURRENCE | \$ |
| | | | | | | (100% interest) | Φ |
| | OFFSHORE OIL AND GAS PROPERTY | | | | | VALUE 0 40 000 1550 11 55 | |
| | PLATFORMS | | | | | VALUES AS SCHEDULED | \$ |
| | PIPELINES | | | | | VALUES AS SCHEDULED | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | ONSHORE OIL AND GAS PROPERTY | | | | | | • |
| | OIL & GAS PROPERTY | | | | | VALUES AS SCHEDULED | \$ |
| | CONTRACTORS EQUIPMENT | | | | | VALUES AS SCHEDULED | |
| | CONTINUE CONTINUE WEIGH | | | | | ************************************** | \$ |
| | | | | | | | \$ |
| | NAMED WINDSTORM | | | | | | |
| | CCC OFF- ON- SHORE SHORE | | | | | AGGREGATE | \$ |
| VES | SEL(S): AS PER ATTACHED S | CHEDU | LE AS DETAILED IN | THE DESCRIPTION | N OF OPERAT | TONS | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS (ACOR | D 101, Add | ditional Remarks Schedule, may be attacl | hed, if more space is re | equired) | | |
| Hull/I | Protection & Indemnity provide blanket additional assi | ured status | s to 3rd parties where required by written co | ontract or agreement | | | |
| Hu ll /l | Protection & Indemnity provide waiver of subrogation | in favor of | ard parties where required by written contri | act or agreement | | | |
| l | | | | | | | |

AGENCY CUSTOMER ID: CN102679986

LOC #: St. Louis



| ACORD [®] | ADDITIONAL | L REMA | RKS SCHEDULE | Page 3 of |
|--|---|----------------------|---|--------------------------------|
| AGENCY | | | NAMED INSURED | |
| MARSH USA, LLC. | | | American Electric Power Company, Inc. and its Subsidiaries | |
| DLICY NUMBER | | | 1 Riverside Plaza Columbus, OH 43215-2373 | |
| ARRIER | | NAIC CODE | , | |
| | | | EFFECTIVE DATE: | |
| DDITIONAL REMARKS | | | | |
| HIS ADDITIONAL REMARKS FOR | | | | |
| ORM NUMBER:31 FOI | RM TITLE: Certificate of Ma | arine / Energ | y Insurance | |
| | | | | |
| 1st Layer Excess Liability (4M XS 1M) | | | | |
| Policy #: CUL11962.105 | | | | |
| Carrier: U.S. Specialty Insurance Company, N | lavigators, Swiss Re and Axis Insurance C | Company - all throug | ph Continental Underwriters. | |
| Effective Date: 10/01/2025 | | | | |
| Expiration Date: 10/01/2026 | | | | |
| Limit: \$4,000,000 | | | | |
| | | | | |
| | | | mpany, Appalachian Power Company, Indiana Michigan Power Cor | mpany, Kentucky Power Company, |
| Ohio Power Company, AEP Service Corporati | ion (As Agent), Wheeling Power Company | <i>l</i> . | | |
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| Other deductibles may apply as per policy terr | ms and conditions. | | | |
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