

CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)

14/03/04

BROKER

HUB International Atlantic

393 Brunswick Street 2nd Floor
Fredericton, NB

E3B 1H2

BROKER'S CLIENT ID: ADIGR-1

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.

COMPANIES AFFORDING COVERAGE

COMPANY A XL Insurance Company Ltd

COMPANY B

COMPANY C

COMPANY D

INSURED'S FULL NAME AND MAILING ADDRESS

Geomembrane Technologies Inc

370 Wilsey Road
Fredericton, NB E3B 6E9

COVERAGES

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.

TYPE OF INSURANCE		CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY							
<input type="checkbox"/>	CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE	A	CA00003039LI13A	13/05/14	14/05/14	EACH OCCURRENCE	\$ 5000000
<input checked="" type="checkbox"/>	PRODUCTS AND / OR COMPLETED OPERATIONS	A	CA00003039LI13A	13/05/14	14/05/14	GENERAL AGGREGATE	\$ 5000000
<input checked="" type="checkbox"/>	EMPLOYERS'S LIABILITY	A	CA00003039LI13A	13/05/14	14/05/14	PRODUCTS - COMP/OP AGG	\$ 5000000
<input checked="" type="checkbox"/>	CROSS LIABILITY	A	CA00003039LI13A	13/05/14	14/05/14	PERSONAL INJURY	\$ 5000000
<input checked="" type="checkbox"/>	TENANT'S LEGAL LIABILITY	A	CA00003039LI13A	13/05/14	14/05/14	TENANT'S LEGAL LIABILITY	\$ 2000000
<input checked="" type="checkbox"/>	NON-OWNED	A	CA00003039LI13A	13/05/14	14/05/14	MED EXP (Any one person)	\$ 10000
<input type="checkbox"/>	HIRED					NON-OWNED AUTO	\$ 5000000
<input type="checkbox"/>	POLLUTION LIABILITY EXTENSION		PRODUCTS POLLUTION	13/05/14	14/05/14	OPTIONAL POLLUTION LIABILITY EXTENSION	\$
						(Per Occurrence)	\$
						(Aggregate)	\$
AUTOMOBILE LIABILITY						BODILY INJURY PROPERTY DAMAGE COMBINED	\$
<input type="checkbox"/>	DESCRIBED AUTOMOBILES					BODILY INJURY (Per person)	\$
<input type="checkbox"/>	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/>	LEASED AUTOMOBILES					PROPERTY DAMAGE	\$
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE							
EXCESS LIABILITY						EACH OCCURRENCE	\$
<input type="checkbox"/>	UMBRELLA FORM					AGGREGATE	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM						
(Specify)							
OTHER LIABILITY (SPECIFY) Contractors Pollut		A	DPX9444078	13/11/10	14/11/10		

ADDITIONAL INSURED

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS
Certificate issued as confirmation of coverage.

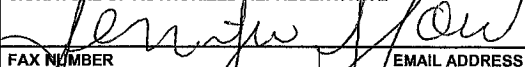
CERTIFICATE HOLDER

Lexington-Fayette Urban County
Government
Division of Risk Management
200 East Main Street
Lexington, KY 40507

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

SIGNATURE OF AUTHORIZED REPRESENTATIVE


FAX NUMBER 506-459-8940
EMAIL ADDRESS

PRINT NAME INCLUDING POSITION HELD

Jennifer Crawford Broker

COMPANY
HUB International Atlantic

DATE
14/03/04

CSIO CERT (6/00)

OP ID JC

CSR JC