



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/11

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 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).

PRODUCER Wells Fargo Insurance Services USA, Inc. DOI: 0D08408 45 Fremont Street, Suite 800 San Francisco, CA 94105	CONTACT NAME: Ron Pickens or Penny Lane PHONE (A/C, No. Ext.): (415) 541-7900 FAX (a/c, No.): (415) 541-7195 E-MAIL ADDRESS: Ron.Pickens@Wellsfargo.com; Penny.Lane@Wellsfargo.com PRODUCER CUSTOMER ID#:																					
INSURED Monterey Bay Aquarium Research Institute (MBARI) 7700 Sandholdt Road Moss Landing, CA 95039	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Zurich American Insurance Company</td><td>16535</td></tr><tr><td>INSURER B:</td><td>Starr Indemnity & Liability Company</td><td>38318</td></tr><tr><td>INSURER C:</td><td>St. Paul Fire and Marine Insurance Co.</td><td>24767</td></tr><tr><td>INSURER D:</td><td>RLI Insurance Company</td><td>13056</td></tr><tr><td>INSURER E:</td><td>Navigators Insurance Company</td><td>42307</td></tr><tr><td>INSURER F:</td><td>Hartford Fire Insurance Company</td><td>29682</td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Zurich American Insurance Company	16535	INSURER B:	Starr Indemnity & Liability Company	38318	INSURER C:	St. Paul Fire and Marine Insurance Co.	24767	INSURER D:	RLI Insurance Company	13056	INSURER E:	Navigators Insurance Company	42307	INSURER F:	Hartford Fire Insurance Company	29682
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																								
B	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ \$5,000 Deductible Each Claim ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC			MASILSF0000 31 11	10/01/11	10/01/12	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS-COMP OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	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		\$										
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F	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS ☐ ☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			57UECTL9725	10/01/11	10/01/12	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea Accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per Person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per Accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per Accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td>☐ WC STATU-ORY LIMITS ☐ OTH-ER</td><td>\$</td></tr><tr><td>E.I. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.I. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.I. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea Accident)	\$ 1,000,000	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE (Per Accident)	\$		\$	EACH OCCURRENCE	\$	AGGREGATE	\$		\$	☐ WC STATU-ORY LIMITS ☐ OTH-ER	\$	E.I. EACH ACCIDENT	\$	E.I. DISEASE - EA EMPLOYEE	\$	E.I. DISEASE - POLICY LIMIT	\$
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A-E	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If, yes, describe under DESCRIPTION OF OPERATIONS below			* See Below	10/01/11	10/01/12	<table border="1"><tr><td>Per Accident or Occurrence</td><td>\$ 1,000,000</td></tr></table>	Per Accident or Occurrence	\$ 1,000,000																						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attached ACORD 101, Additional Remarks Schedule, if more space is required.)

EVIDENCE OF INSURANCE.

* Policy Numbers: A)MH 5843505(30%); B) MASIHSHF00000911(25%); C)OH08800067(20%); D)HUL0500160(15%); E)SF10CFT451642(10%)

CERTIFICATE HOLDER**CANCELLATION**

Monterey Bay Aquarium Research Institute (MBARI) 7700 Sandholdt Road Moss Landing, CA 95039 Katie Loweth, Administrator, Marine Operations	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Ronald S. Pickens
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