

DATE (MM/DD/YYYY)  
02/21/2006

**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 #

INSURER A: **St. Paul Fire and Marine Ins.**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## 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 ADD'L LTR INSR |  | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                          | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                              |              |
|---------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------|-------------------------------------|--------------|
| A                   |  | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 0L08800027    | 09/01/2005                       | 09/01/2006                        | EACH OCCURRENCE                     | \$ 1,000,000 |
|                     |  | DAMAGE TO RENTED PREMISES (Ea occurrence)                                                                                                                                                                                                                                                                                  |               |                                  |                                   | \$ 250,000                          |              |
|                     |  | 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 |
| A                   |  | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS                                              | CK01800585    | 09/01/2005                       | 09/01/2006                        | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
|                     |  | BODILY INJURY (Per person)                                                                                                                                                                                                                                                                                                 |               |                                  |                                   | \$                                  |              |
|                     |  | BODILY INJURY (Per accident)                                                                                                                                                                                                                                                                                               |               |                                  |                                   | \$                                  |              |
|                     |  | PROPERTY DAMAGE (Per accident)                                                                                                                                                                                                                                                                                             |               |                                  |                                   | \$                                  |              |
|                     |  | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                                                                                               |               |                                  |                                   | AUTO ONLY - EA ACCIDENT             | \$           |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC        | \$           |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   | AGG                                 | \$           |
|                     |  | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$                                                                                                                                |               |                                  |                                   | EACH OCCURRENCE                     | \$           |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   | AGGREGATE                           | \$           |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   |                                     | \$           |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   |                                     | \$           |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   |                                     | \$           |
|                     |  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below                                                                                                                                                       |               |                                  |                                   | WC STATUTORY LIMITS                 | OTHER        |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   | E.L. EACH ACCIDENT                  | \$           |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE          | \$           |
|                     |  |                                                                                                                                                                                                                                                                                                                            |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT         | \$           |
|                     |  | OTHER                                                                                                                                                                                                                                                                                                                      |               |                                  |                                   |                                     |              |

| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS |  |
|---------------------------------------------------------------------------------------------------------|--|
|                                                                                                         |  |

The certificate holder and Monterey Bay Aquarium Research Institute and its officers, directors, employees and agents are named as additional insureds as respects the General Liability policy. The certificate holder and Monterey Bay Aquarium Research Institute, et al, are also named as additional insureds as respects the Auto Liability policy but only for covered bodily injury or property damage that results from the ownership, maintenance, use, loading or unloading (continued on attached page)

**CERTIFICATE HOLDER**

Environmental Crossing, Inc.  
Attn: Philip R. Andrus  
868 Robinwood Court  
Traverse City, MI 49686

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~XXXXXXXXXX~~ MAIL

30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

```

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

```

**AUTHORIZED REPRESENTATIVE**

**Beverly Main**

ACORD 25 (2001/08) FAX: (616)941-7412

©ACORD CORPORATION 1988

---

Environmental Crossing, Inc.

Certificate issued to Environmental Crossing, Inc.

02/21/2006

Jordan Harrison Insurance Brokers, Inc.

---

02/21/2006

(Continued from Description of Operations) of a covered auto by: you, your employee, or anyone who drives a covered auto with your permission or with the permission of one of your employees or agents, who is not the certificate holder, or an employee or agent of the certificate holder. Subject to the terms of the General Liability policy and Business Auto Liability policy, the insured's coverage shall be primary insurance and any insurance or self-insurance maintained by the certificate holder shall not contribute with it. Underwriters agree to waive all rights of subrogation against the certificate holder. Ten days notice of cancellation will be provided for non-payment.

|                                                                                                                                                                        |  |                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>                                                                                                                       |  | DATE (MM/DD/YYYY)<br><b>02/21/2006</b>                                                                                                                                                                      |
| PRODUCER (415)398-5911 FAX (415)398-6157<br><b>Jordan Harrison Insurance Brokers, Inc.</b><br>425 California St., Suite 750<br>San Francisco, CA 94104<br>Beverly Main |  | 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. |
| INSURED <b>Underwater Resources, Inc.</b><br><b>Pier 26</b><br><b>The Embarcadero</b><br><b>San Francisco, CA 94105</b>                                                |  |                                                                                                                                                                                                             |
|                                                                                                                                                                        |  | <b>INSURERS AFFORDING COVERAGE</b>                                                                                                                                                                          |
|                                                                                                                                                                        |  | INSURER A: <b>Commerce and Industry</b>                                                                                                                                                                     |
|                                                                                                                                                                        |  | INSURER B: <b>Osprey Underwriters</b>                                                                                                                                                                       |
|                                                                                                                                                                        |  | INSURER C:                                                                                                                                                                                                  |
|                                                                                                                                                                        |  | INSURER D:                                                                                                                                                                                                  |
|                                                                                                                                                                        |  | INSURER E:                                                                                                                                                                                                  |
|                                                                                                                                                                        |  | <b>NAIC #</b>                                                                                                                                                                                               |

**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 | ADD'L | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                | POLICY NUMBER                       | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                                                                                                                                                             |
|------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |       | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                     |                                  |                                   | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$ |
|      |       | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                     |                                     |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                    |
|      |       | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                                                                     |                                     |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: EA ACC \$<br>AGG \$                                                                                                            |
|      |       | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE<br>RETENTION \$                                                                                                                                                            |                                     |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$                                                                                                                               |
| A    |       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below                                                                                                                             | WC 295-55-35<br>(USL&H & STATE ACT) | 01/01/2006                       | 01/01/2007                        | X WC STATU-TORY LIMITS OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>       |
| B    |       | <b>OTHER</b><br><b>MEL - Divers, tenders</b>                                                                                                                                                                                                                                                     | PG000800V                           | 01/01/2006                       | 01/01/2007                        | \$1,000,000 each accident                                                                                                                                                          |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**Underwriters agree to waive all rights of subrogation against the certificate holder and Monterey Bay Aquarium Research Institute and its officers, directors, employees and agents.**

|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br><b>Environmental Crossing, Inc.</b><br><b>Attn: Philip R. Andrus</b><br><b>868 Robinwood Court</b><br><b>Traverse City, MI 49686</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 INSURER, ITS AGENTS OR REPRESENTATIVES.<br><br>AUTHORIZED REPRESENTATIVE<br><b>Beverly Main</b> <i>Beverly A. Main</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|