

CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)
07/09/06

BROKER
Willow Creek Agencies
4802 - 2 Street, Box 1107
Claresholm, AB
BROKER'S CLIENT ID: IWKUH-2

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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 Economical Mutual
COMPANY B
COMPANY C
COMPANY D

INSURED'S FULL NAME AND MAILING ADDRESS
I. W. Kuhn Construction Ltd.
Box 75
Acadia Valley, AB

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 <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYERS'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION		4818365	07/10/08	08/10/08	EACH OCCURRENCE	\$ 200000
					GENERAL AGGREGATE	\$ 200000
					PRODUCTS - COMP/OP AGG	\$ 200000
					PERSONAL INJURY	\$ 200000
					TENANT'S LEGAL LIABILITY	\$ 100000
					MED EXP (Any one person)	\$ 25000
					NON-OWNED AUTO	\$ 200000
					OPTIONAL POLLUTION LIABILITY EXTENSION	\$ 200000
					(Per Occurrence)	\$
					(Aggregate)	\$ 200000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> LEASED AUTOMOBILES <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>		6305722	07/09/08	08/09/08	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 200000
					BODILY INJURY (Per person)	\$ 200000
					BODILY INJURY (Per accident)	\$ 200000
					PROPERTY DAMAGE	\$ 200000
						300000
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <small>(Specify)</small>		4818510	07/11/08	08/11/08	EACH OCCURRENCE	\$ 300000
					AGGREGATE	\$ 300000
OTHER LIABILITY (SPECIFY) Firefighting expe		4818365	07/10/10	08/10/09	2000000	

ADDITIONAL INSURED	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS Oilfield contractor
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CERTIFICATE HOLDER	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company 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 company, its agents or representatives.
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SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME INCLUDING POSITION HELD Brian Smith Manager
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FAX NUMBER 403-625-3626	EMAIL ADDRESS	COMPANY Willow Creek Agencies	DATE 07/09/06
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CSIO CERT (6/00)