

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/03/2024

04/03/2024										
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 DEPRESENTATIVE OF PRODUCER AND THE CERTIFICATE HOLDER										
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 t	o the	cert	ificate holder in lieu of su	ICH end		).				
PRODUCER MARSH USA, LLC.					PHONE FAX					
800 Market Street, Suite 1800 St. Louis, MO 63101					(A/C, No, Ext): E-MAIL					
					ADDRESS:					
									NAIC #	
CN102679986-PIONE-XS+-24-25 INSURED					INSURER A : Associated Electric & Gas Ins Svcs Ltd INSURER B :					
Pioneer Transmission, LLC c/o American Electric Power Service Corporation										
1 Riverside Plaza, FL 27th Columbus, OH 43215-2355					INSURER D :					
					INSURER E :					
					INSURER F :					
COVERAGES CERTIFICATE NUMBER:				CHI-009451812-22 REVISION NUMBER: 4						
THIS IS TO CERTIFY THAT THE POLICIES										
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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$		
							PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
							PRODUCTS - COMP/OP AGG	\$ \$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
A X UMBRELLA LIAB OCCUR			XL5744007P		04/01/2024	04/01/2025	EACH OCCURRENCE	\$	35,000,000	
EXCESS LIAB X CLAIMS-MADE							AGGREGATE	\$	35,000,000	
DED X RETENTION \$ 200.000							PER OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)			
For Information Only										
CERTIFICATE HOLDER					CANCELLATION					
Pioneer Transmission, LLC										
c/o American Electric Power Service Corporation 1 Riverside Plz FL 27th					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
					ORDANCE WI	TH THE POLIC	Y PROVISIONS.			
Columbus, OH 43215-2355					AUTHORIZED REPRESENTATIVE					
					Marsh USA LLC					

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AGENCY CUSTOMER ID: CN102679986

LOC #: St. Louis



## **ADDITIONAL REMARKS SCHEDULE**

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AGENCY		NAMED INSURED					
MARSH USA, LLC.	Pioneer Transmission, LLC c/o American Electric Power Service Corporation						
POLICY NUMBER	1 Riverside Plaza, FL 27th						
		Columbus, OH 43215-2355					
CARRIER	NAIC CODE						
		EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.							

## FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Certificate Holder is additional insured to such extent and for such limits of liability as agreed in writing prior to an occurrence by the Named Insured. The policy applies on a primary basis to the extent agreed in writing by the Named Insured. The policy does not contain an exclusion or limitation for work being done within 50 feet of railway right of way. The insurer shall have no right of recovery against any person or organization to the extent that the insured has agreed to waive right of recovery/subrogation against such person or organization. The policy is subject to a \$200,000 underlying limit (self-insured retention) for general liability, employers liability and auto liability.