

Certificate of Insurance

TO: State of Utah
 Address: Dept. Natural Resources & Energy
 Div. of Oil, Gas & Mining
 355 W. North Temple
 3 Triad Center
 Salt Lake City, UT 84180

Date: March 7, 1986
 Re:

This is to certify that the policies designated below are in force on the date borne by this Certificate.

NAME OF INSURED: The Coastal Corporation / SUFCO
 including All Affiliated or Subsidiary Companies
 Coastal Tower
 Address: Nine Greenway Plaza
 Houston, TX 77046

TYPE OF INSURANCE	POLICY #	POLICY PERIOD	POLICY LIMITS/VALUES
B) Worker's Compensation Employers Liability (all states)	SCF-C22192310	1-1-86/87	Statutory \$1,000,000 BI/ea. Accident \$1,000,000 BI/policy limit-Disease \$1,000,000 BI/ea. employee-Disease
C) Worker's Compensation Employers Liability (Texas - Oklahoma)	SCF-C22192309	1-1-86/87	Statutory \$1,000,000 BI/ea. Accident \$1,000,000 BI/policy limit-Disease \$1,000,000 BI/ea. employee-Disease
A) Comprehensive General Liability including Contractual & Products - Completed Operations	HDL-G05113866	1-1-86/87	\$1,000,000 Combined Single Limit Bodily Injury & Property Damage \$1,500,000 aggregate - Products \$10,000,000 aggregate-All other
A) Comprehensive Automobile Liability (all states)	ISA-480416	1-1-86/87	\$1,000,000 Combined Single Limit Bodily Injury & Property Damage
C) Comprehensive Automobile Liability (Texas)	ISA-493711	1-1-86/87	\$1,000,000 Combined Single Limit Bodily Injury & Property Damage

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by those policy(ies) which numbered above and which issued by companies listed below.

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 above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, or upon this agency.

INSURANCE COMPANY(IES)
 ISSUING COVERAGE:

- A) Insurance Company of North America
 B) Pacific Employers Insurance Company
 C) INA of Texas



P.O. Box 36429
 Houston, Texas 77236-6429
 Tel. (713) 783-6640

By _____

Authorized Representative