~~MP~~ ~~VF~~ PG ~~CB~~
~~RS~~ ~~AAA~~ ~~AB~~

TRANSFLO℠
6735 Southpoint Drive South
Jacksonville, FL 32216

Fax

Date:	7/7/03	**From:**	Jan Barnes
To:	Alan Annicella	**Phone:**	279-6323
Fax:	448-4366	**Pages:**	3

Attached is a copy of the actual policy as well as the Cert from the State. Hope this is all you need.

Thanks

Jan

DOCKET # 03.6a

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 4/25/03

PRODUCER
MCGRIFF, SEIBELS & WILLIAMS OF TEXAS, INC.
10375 Richmond Ave, Suite 1700
HOUSTON TX 77042-4143
(713) 877-8975

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
Kinder Morgan, Inc./Kinder Morgan Energy Partners, LP & Subsidiaries
One Allen Center
500 Dallas Street, Suite 1000
Houston, TX 77002

COMPANIES AFFORDING COVERAGE

COMPANY A: AEGIS INSURANCE SERVICES LTD

COMPANY B: ACE AMERICAN INSURANCE CO

COMPANY C:

COMPANY D:

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	XRGL01A03	4/30/03	4/30/04	GENERAL AGGREGATE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	$
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	$
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$ 1,000,000
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
B	AUTOMOBILE LIABILITY	ISAH07878217	4/10/03	1/01/04	COMBINED SINGLE LIMIT	$ 1,000,000
	X ANY AUTO				BODILY INJURY (Per person)	$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS				PROPERTY DAMAGE	$
	HIRED AUTOS					
	NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					$
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WLRC49497478	4/10/03	1/01/04	X WC STATU-TORY LIMITS / OTH-ER	
B	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ EXCL	SCFC49497686 WI	4/10/03	1/01/04	E.L. EACH ACCIDENT	$ 1,000,000
					E.L. DISEASE-POLICY LIMIT	$ 1,000,000
					E.L. DISEASE-EA EMPLOYEE	$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Florida Dept. of Environmental Protection
Attn: Rick Navar Enviro Specst
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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.

AUTHORIZED REPRESENTATIVE

CERTIFICATE: 003/003/ 01655

Department of Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

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HAZARDOUS WASTE TRANSPORTER

CERTIFICATE OF APPROVAL

****

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER:	Kinder Morgan materials Services
FACILITY ID NO:	FLR 000 033 506
FACILITY ADDRESS:	116 Railroad/Druid Street Jacksonville, Florida 32254
INSURANCE CARRIER:	AEGIS Insurance Company
INSURANCE POLICY:	X0608A1A03
EFFECTIVE DATE:	April 30, 2003
EXPIRATION DATE:	April 30, 2004

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: _____ DATE: May 20, 2003
Shelleen Smith
Hazardous Waste Management Section
850/245-8754

rev. 0 (Oct 91)