Filing Fee: $75.00

ID Number: 76562

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FILED
OCT 31 2001
041692730 15

OCT 31 12 10 PM '01

BUSINESS CORPORATION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Montgomery Watson Americas, Inc.

2. It is incorporated under the laws of California

3. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on 03/22/1994, authorizing it to transact business in Rhode Island under the name of:
   Montgomery Watson Americas, Inc.

4. The corporate name of the corporation has been changed to
   MWH Americas, Inc
   (If no change, so indicate.)

5. The name, if different, which it elects to use in Rhode Island is:

   (a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*
   MWH Americas, Inc.

   (b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:*

6. The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:

   (If no other or additional purposes are proposed, insert "No Change.")

   No Change

Form No. 151
Revised: 01/99
R1541 - CT Filing Manager Online

7. If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase *(If there has been no increase in shares, insert "no change")*: No Change

Total Number of Authorized Shares	Class	Series	Par Value or Statement that Shares are without Par Value

8. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is $ 210,000,000.00

(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is $ 0.00

(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0.00 %. *[divide (b) by (a) and multiply by 100 to obtain the percentage]*

9. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is $ 411,494,000.00

(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is $ 0.00

(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0.00 %. *[divide (b) by (a) and multiply by 100 to obtain the percentage]*

10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

Date October 17, 2001

Montgomery Watson Americas, Inc
Print Exact Name of Corporation Making Application

David A. Taggart By David A. Taggart

☐ President or ☒ Vice President (check one)

~~David McConville~~ By AND

Michael Donnelly

☐ Secretary or ☒ Assistant Secretary (check one)

STATE OF ~~California~~ Colorado
COUNTY OF ~~Los Angeles~~ Boulder

In ~~Los Angeles~~ Broomfield, on this 17 th day of October, 2001, personally appeared before me David A. Taggart who, being by me first duly sworn, declared that he/she is the Vice President of the corporation and that he/she signed the foregoing document as such officer of the corporation, and that the statements herein contained are true.

NOTARY PUBLIC MONIQUE Y. DOMINGUEZ STATE OF COLORADO

Monique Dominguez
Notary Public
My Commission Expires: My Commission Expires Oct. 1, 2003

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

State of California

OFFICE OF THE SECRETARY OF STATE

SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 0 1 2001

Bill Jones

Secretary of State

THE GREAT SEAL OF THE STATE OF CALIFORNIA
EUREKA

Sec/State Form CE-108 (rev. 6/98)

OSP 00 42413

ACORD ™ # CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY): 9/1/00

PRODUCER

AON RISK SERVICES, INC. OF SOUTHERN
CALIFORNIA INSURANCE SERVICES
707 WILSHIRE BLVD , SUITE 6000
LOS ANGELES, CA 90017
CONTACT: MARY BAKER (213) 630-1354

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

[redacted]
POST OFFICE BOX 7009
PASADENA, CALIFORNIA 91109-7009

COMPANIES AFFORDING COVERAGE

COMPANY		AM BEST
A	LEXINGTON INSURANCE COMPANY/LLOYDS	A++, XV/NA
B	LEXINGTON INSURANCE COMPANY/ ~~LLOYDS & OTHER COMPANIES~~	AM BEST A++, XV/NA
C		
D		

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE / OCCUR OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	$ $ $ $ $ $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$ $ $ $
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	$ $ $
B	~~EXCESS LIABILITY~~ EXCESS PROFESSIONAL LIABILITY UMBRELLA FORM X OTHER THAN UMBRELLA FORM	E0022300N (Claims Made)	8/31/1998	8/31/2002	EACH ~~OCCURRENCE~~ CLAIM AGGREGATE (excess of $5,000,000 Underlying)	$ 5,000,000 $ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL / EXCL				WC STATUTORY LIMITS / OTHER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE	 $ $ $
A	OTHER PROFESSIONAL LIABILITY	E0022290N (Claims Made)	8/31/1998	8/31/2002	Each Claim $5,000,000 Aggregate $5,000,000 (Excess 3,000,000 SIR)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JMM JOB #: CC: 20711 PROOF OF PROFESSIONAL LIABILITY INSURANCE IS REQUIRED IN ORDER TO QUALIFY THE CORPORATION IN RHODE ISLAND.

CERTIFICATE HOLDER

RHODE ISLAND, STATE OF
AND PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

CANCELLATION **TEN DAYS FOR NON-PAYMENT OF PREMIUM

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45** 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

2.427

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 9/3/98

09JMM

PRODUCER

AON RISK SERVICES, INC. OF SOUTHERN
CALIFORNIA INSURANCE SERVICES
707 WILSHIRE BLVD., SUITE 6000
LOS ANGELES, CA 90017
CONTACT: MARY BAKER (213) 630-1354

INSURED

MONTGOMERY WATSON AMERICAS, INC.,
POST OFFICE BOX 7009
PASADENA, CALIFORNIA 91109-7009

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	LEXINGTON INSURANCE COMPANY/LLOYDS	AM BEST A++, XV/NA
COMPANY B	LEXINGTON INSURANCE COMPANY/ LLOYDS & OTHER COMPANIES	AM BEST A++, XV/NA
COMPANY C		
COMPANY D		

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	$
	CLAIMS MADE ☐ OCCUR				PERSONAL & ADV INJURY	$
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
					PROPERTY DAMAGE	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY	
					EACH ACCIDENT	$
					AGGREGATE	$
B	~~XXXXXXXXX~~EXCESS PROFESSIONAL LIABILITY				EACH ~~XXXXXXXX~~CLAIM	$ 5,000,000
	UMBRELLA FORM	E0022300N			AGGREGATE	$ 5,000,000
X	OTHER THAN UMBRELLA FORM	(Claims Made)	8/31/98	8/31/01	(excess of $5,000,000 Underlying)	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTHER	
					EL EACH ACCIDENT	$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE ☐ INCL ☐ EXCL				EL DISEASE - POLICY LIMIT	$
					EL DISEASE - EA EMPLOYEE	$
	OTHER PROFESSIONAL LIABILITY	E0022290N (Claims Made)	8/31/98	8/31/01	Each Claim $5,000,000 Aggregate $5,000,000 (Excess 3,000,000 SIR)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JMM JOB #: CC: 20711 PROOF OF PROFESSIONAL LIABILITY INSURANCE IS REQUIRED IN ORDER TO QUALIFY THE CORPORATION IN RHODE ISLAND.

CERTIFICATE HOLDER

RHODE ISLAND, STATE OF
AND PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

CANCELLATION --TEN DAYS FOR NON-PAYMENT OF PREMIUM

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

2,427

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

09JMM

DATE (MM/DD/YY): 9/2/97

PRODUCER

AON RISK SERVICES, INC. OF SOUTHERN
CALIFORNIA INSURANCE SERVICES
707 WILSHIRE BLVD., SUITE 6000
LOS ANGELES, CA 90017
CONTACT: MARY BAKER (213) 630-1354

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

MONTGOMERY WATSON AMERICAS, INC.,
POST OFFICE BOX 7009
PASADENA, CALIFORNIA 91109-7009

COMPANIES AFFORDING COVERAGE

COMPANY		AM BEST
A	LEXINGTON INSURANCE COMPANY	A++, XV
B	LLOYDS & CERTAIN COMPANIES	N/A
C		
D		

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY [ ] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [ ] OCCUR [ ] OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE	$
					PRODUCTS - COMP/OP AGG	$
					PERSONAL & ADV INJURY	$
					EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
B	XXXXXXXXEXCESS PROFESSIONAL LIABILITY [ ] UMBRELLA FORM [X] OTHER THAN UMBRELLA FORM	E0018250L (claims made)	8/31/97	8/31/98	EACH XXXXXXXXCLAIM	$ 5,000,000
					AGGREGATE	$ 5,000,000
					(excess of $5,000,000 Underlying)	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: [ ] INCL [ ] EXCL				WC STATUTORY LIMITS / OTHER	
					EL EACH ACCIDENT	$
					EL DISEASE - POLICY LIMIT	$
					EL DISEASE - EA EMPLOYEE	$
A	OTHER PROFESSIONAL LIABILITY	E0018240L (Claims Made)	8/31/97	8/31/98	Each Claim $5,000,000 Aggregate: $5,000,000 (Excess 3,000,000 SIR)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JMM JOB #: CC: 20711 PROOF OF PROFESSIONAL LIABILITY INSURANCE IS REQUIRED IN ORDER TO QUALIFY THE CORPORATION IN RHODE ISLAND.

CERTIFICATE HOLDER

RHODE ISLAND, STATE OF
AND PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

CANCELLATION **TEN DAYS FOR NON-PAYMENT OF PREMIUM

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

2,427

ACORD CERTIFICATE OF LIABILITY INSURANCE

09JMM

DATE (MM/DD/YY) 8/31/95

PRODUCER

JARDINE INSURANCE BROKERS LOS ANGELES INC.
801 SOUTH FIGUEROA STREET, SUITE 700
LOS ANGELES, CALIFORNIA 90017-5563
TEL: (213) 599-4000
CONTACT: MARY BAKER (213) 599-4002

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

MONTGOMERY WATSON AMERICAS, INC.,
POST OFFICE BOX 7009
PASADENA, CALIFORNIA 91101-7009

COMPANIES AFFORDING COVERAGE

COMPANY A	LEXINGTON INSURANCE COMPANY	1994 AM BEST: A++, XV
COMPANY B	LLOYDS & CERTAIN COMPANIES	1994 AM BEST: N/A
COMPANY C		
COMPANY D		

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	$
	CLAIMS MADE / OCCUR				PERSONAL & ADV INJURY	$
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
					PROPERTY DAMAGE	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
	~~EXCESS LIABILITY~~ EXCESS PROFESSIONAL LIABILITY				EACH OCCURRENCE / ~~XXXXXXXXX~~CLAIM	$ 5,000,000
B	UMBRELLA FORM	PX-1685			AGGREGATE	$ 5,000,000
	X OTHER THAN UMBRELLA FORM	(claims made)	8/31/95	8/31/96		$ (excess of $5,000,000 Underlying)
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL / EXCL				EL EACH ACCIDENT	$
					EL DISEASE - POLICY LIMIT	$
					EL DISEASE - EA EMPLOYEE	$
A	OTHER PROFESSIONAL LIABILITY	PX-1684 (Claims Made)	8/31/95	8/31/96	Each Claim $5,000,000 Aggregate: $5,000,000 (Excess 3,000,000 SIR)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JMM JOB #: CC: 20711 PROOF OF PROFESSIONAL LIABILITY INSURANCE IS REQUIRED IN ORDER TO QUALIFY THE CORPORATION IN RHODE ISLAND.

CERTIFICATE HOLDER

STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903
ATTN: MS. PAMELA POLUMBO

CANCELLATION

10 days for non-payment of premium

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

Jimmie Bueno

2,427

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY) 8/30/94

PRODUCER

JARDINE INSURANCE BROKERS LOS ANGELES INC.
801 SOUTH FIGUEROA STREET, SUITE 700
LOS ANGELES, CALIFORNIA 90017-5563
TEL: (213) 599-4000
CONTACT: MARY BAKER (213) 599-4002

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
MONTGOMERY WATSON AMERICAS, INC.,
POST OFFICE BOX 7009
PASADENA, CALIFORNIA 91101-7009

COMPANIES AFFORDING COVERAGE

COMPANY A: LEXINGTON INSURANCE COMPANY

COMPANY B: LLOYDS & CERTAIN COMPANIES

COMPANY C:

COMPANY D:

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$
	☐ COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	$
	☐ CLAIMS MADE ☐ OCCUR				PERSONAL & ADV INJURY	$
	☐ OWNER'S & CONT PROT				EACH OCCURRENCE	$
	_____				FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	☐ ANY AUTO					
	☐ ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	☐ SCHEDULED AUTOS					
	☐ HIRED AUTOS				BODILY INJURY (Per accident)	$
	☐ NON-OWNED AUTOS					
	_____				PROPERTY DAMAGE	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	☐ ANY AUTO				OTHER THAN AUTO ONLY:	
	_____				EACH ACCIDENT	$
					AGGREGATE	$
B	~~EXCESS LIABILITY~~ EXCESS PROFESSIONAL LIABILITY	PX-1673 (claims made)	8/31/94	8/31/95	EACH ~~OCCURRENCE~~ Claims	$ 5,000,000
	☐ UMBRELLA FORM				AGGREGATE	$ 5,000,000
	X OTHER THAN UMBRELLA FORM				(excess of $5,000,000 Underlying)	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				☐ STATUTORY LIMITS	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ INCL ☐ EXCL				EACH ACCIDENT	$
					DISEASE - POLICY LIMIT	$
					DISEASE - EACH EMPLOYEE	$
A	OTHER Professional Liability (claims made)	PX-1672 *Excess of $3,000,000 SIR	8/31/94	8/31/95	Each Claim $5,000,000* Aggregate $5,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

JMM JOB #: CC: 20711 PROOF OF PROFESSIONAL LIABILITY INSURANCE IS REQUIRED IN ORDER TO QUALIFY THE CORPORATION IN RHODE ISLAND.

CERTIFICATE HOLDER

STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903
ATTN: MS. PAMELA POLUMBO

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

Marie Polumbo

ACORD 25-S (3/93)