

## CERTIFICATE OF INSURANCE

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATEHOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	COMPANIES AFFORDING COVERAGE	
	COMPANY A	
INSURED	COMPANY B	
	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
A	GENERAL LIABILITY				GENERAL AGGREGATE <span style="float: right;"><b>\$2,000,000</b></span>
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AG <span style="float: right;"><b>\$2,000,000</b></span>
	<input type="checkbox"/> CLAIMS MADE				PERSONAL & ADV INJURY <span style="float: right;"><b>\$1,000,000</b></span>
	<input type="checkbox"/> OCCUR				EACH OCCURRENCE <span style="float: right;"><b>\$1,000,000</b></span>
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE				FIRE DAMAGE (Any one fire) <span style="float: right;"><b>\$ 100,000</b></span>
					MED EXP (Any one person) <span style="float: right;"><b>\$ 5,000</b></span>
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT <span style="float: right;"><b>\$1,000,000</b></span>
	<input type="checkbox"/> ANY AUTO				BODILY INJURY
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person)
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY
<input type="checkbox"/> HIRED AUTOS	(Per accident)				
<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE				
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT
	<input type="checkbox"/>				OTHER THAN AUTO ONLY:
	<input type="checkbox"/>				EACH ACCIDENT
	<input type="checkbox"/>				AGGREGATE
A	EXCESS LIABILITY				EACH OCCURRENCE
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	EL EACH ACCIDENT <span style="float: right;"><b>\$ 500,000</b></span>				
	THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL				EL DISEASE-POLICY LIMIT <span style="float: right;"><b>\$ 500,000</b></span>
	OFFICERS ARE <input type="checkbox"/> EXCL				EL DISEASE-EA EMPLOYEE <span style="float: right;"><b>\$ 500,000</b></span>
A	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

**CERTIFICATION**  
 The Insurer certifies that all the Insured's policies described herein contain a provision reading as follows, verbatim: "The insurer waives any rights of subrogation against CH2M HILL BWXT West Valley, LLC, its corporate parent and affiliates, subcontractors and suppliers, and the United States of America which might arise by reason of any payment under this policy."  
 In addition, the Insurer certifies that CH2M HILL BWXT West Valley, LLC, its corporate parent and affiliates, the United States Government, New York State Energy Research Development Authority are named as additional insured parties in the insurance policy(s).

CERTIFICATE HOLDER  CH2M HILL BWXT West Valley, LLC Attn: Procurement 10282 Rock Springs Road West Valley, New York 14171-9799	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.  AUTHORIZED REPRESENTATIVE OF INSURER
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