

The following is an illustrative summary of the multiple carrier certificates of insurance calculation of coverage; varying plans are be viewed in the following progression. The full certificates of insurance follow the summary.

- 2018-2019 Value To Be Covered: \$207,000,000
- 2018-2019 Value Provided: \$350,000,000

1. ACORD (\$35,000,000)

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MWZY 59829-18	9/15/2018	9/15/2019	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ See Below \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MWTB-21711-18	9/15/2018	9/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	*ME1817472	9/15/2018	9/15/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC 117949-18	9/15/2018	9/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 10,000,000 EL DISEASE - EA EMPLOYEE \$ 10,000,000 EL DISEASE - POLICY LIMIT \$ 10,000,000
A	*Excess Workers Compensation	Y	Y	MWXS 300313-18	9/15/2018	9/15/2019	EL Each Acc \$10MM EL Disease-Policy Lim \$10MM EL Disease-Each Empl \$10MM

Layer 2 Excess Liability

Underwriters at Lloyds/ Liberty Insurance Europe Limited/ Internatio
 Policy #: Liberty ME1817499; Apollo ME1817499; XL Catlin ME1817553
 Effective: 9/15/18-9/15/19
 Limit: \$15,000,000 xs \$5,000,000

Layer 3 Excess Liability

Endurance American Special Insurance Company
 Policy #: ELD3000077
 Effective: 9/15/18-9/15/19
 Limit: \$5,000,000 xs \$20,000,000

2. EIM (\$100,000,000)

Coverage: Limits of Liability
 General Liability \$100,000,000 per occurrence subject to a \$100,000,000 Annual Aggregate for all occurrences excess of \$35,000,000 per occurrence

3. LOCKTON (\$215,000,000)



Limit of Liability:

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1) USD 7,500,000
part of:
USD 15,000,000
in excess of:
USD 135,000,000 | any one Occurrence / annual aggregate
any one Occurrence / annual aggregate |
| 2) USD 50,000,000
in excess of:
USD 150,000,000 | any one Occurrence / annual aggregate
any one Occurrence / annual aggregate |
| 3) USD 150,000,000
in excess of:
USD 200,000,000 | any one Occurrence / annual aggregate
any one Occurrence / annual aggregate |



CERTIFICATE OF LIABILITY INSURANCE

9/15/2019

DATE (MM/DD/YYYY)
9/26/2018

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 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 to the certificate holder in lieu of such endorsement(s).

PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Old Republic Insurance Company		24147
INSURER B: See Attached		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Sunoco Pipeline L.P.
1453262 3801 West Chester Pike
Newtown Square PA 19073

COVERAGES

CERTIFICATE NUMBER: 14561067

REVISION NUMBER: XXXXXXXX

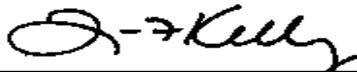
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MWZY 59829-18	9/15/2018	9/15/2019	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ See Below
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MWTB-21711-18	9/15/2018	9/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	*ME1817472	9/15/2018	9/15/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC 117949-18	9/15/2018	9/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 10,000,000 E.L. DISEASE - EA EMPLOYEE \$ 10,000,000 E.L. DISEASE - POLICY LIMIT \$ 10,000,000
A	*Excess Workers Compensation	Y	Y	MWXS 300313-18	9/15/2018	9/15/2019	EL Each Acc \$10MM EL Disease-Policy Lim \$10MM EL Disease-Each Empl \$10MM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED. EXCESS WORKERS COMPENSATION - * POLICY APPLIES TO OHIO. Products/Completed Operations Aggregate Limit Subject to the General Aggregate Limit. All policies (except Workers' Compensation/EL) contain a special endorsement with "Primary and Noncontributory" wording. The General Liability policy includes the Time Element Pollution Liability Endorsement (GL 475 018 0912). The Excess Liability policies follows form on the General Liability, Automobile Liability, and Workers' Compensation/Employers Liability policies. RE: Permanent Easement, PA-DE-0046.0000, Parcel No #27-00-00627-99, PA-DE-0104.0002, Parcel No #27-00-01792-01, PA-DE-0104.0003, Parcel No #27-00-01819-00, PA-DE-0104.0004, Parcel #27-00-01103-00 & 27-00-01103-01, PA-DE-0076.0002-PAR, Parcel No #27-00-01199-01, PA-DE-0102.0001-PAR, Parcel No #27-00-00741-00, PA-DE-0102.0002-PAR, Parcel No #27-00-00744-00. Additional insured in favor of Township of Middletown on all policies (except Workers' Compensation/EL) where and to the extent required by written contract.

CERTIFICATE HOLDER**CANCELLATION** See Attachments

14561067 Township of Middletown P.O. Box 157 Lima PA 19037	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

The Excess Liability policy follows forms on the underlying policy schedule. The Umbrella and Excess Liability policies follow form to the General Liability, Auto Liability and Workers Compensation on the underlying schedule. All policies include a blanket notice of cancellation to certificate holders endorsement, providing for 30 days' advance notice if the policy is cancelled by the company other than for nonpayment of premium, 10 days' notice if the policy is cancelled for nonpayment of premium. Notice is sent to Township of Middletown with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation if the named insured requests cancellation.

***Excess Liability**

Underwriters at Lloyds/ International Insurance Co. of Hanover SE
Policy # ME1817472
Effective: 9/15/18-9/15/19
Limit: \$5,000,000

Layer 2 Excess Liability

Underwriters at Lloyds/ Liberty Mutual Insurance Europe Limited/ International Insurance Co. of Hanover SE
Policy #: Liberty ME1817473; Apollo ME1817499; XL Catlin ME1817553
Effective: 9/15/18-9/15/19
Limit: \$15,000,000 xs \$5,000,000

Layer 3 Excess Liability

Endurance American Specialty Insurance Company
Policy #: ELD30000775200
Effective: 9/15/18-9/15/19
Limit: \$5,000,000 xs \$20,000,000

Layer 4 Excess Liability

Everest Insurance
Policy #: ME1815727
Effective: 9/15/218-9/15/19
Limit: \$7,500,000 po \$15,000,000 xs \$135,000,000

All policies (except Workers' Compensation/EL) include a blanket automatic additional insured endorsement [provision] that confers additional insured status to the certificate holder only if there is a written contract between the named insured and the certificate holder that requires the named insured to name the certificate holder as an additional insured. In the absence of such a contractual obligation on the part of the named insured, the certificate holder is not an additional insured under the policy.

All policies include a blanket automatic waiver of subrogation endorsement [provision] that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it. In the absence of such a contractual obligation on the part of the named insured, the waiver of subrogation feature does not apply.



3000 Bayport Drive ♦ Suite 550
Tampa, Florida 33607-8418
(813) 287-2117 ♦ Fax: (813) 874-2523

CERTIFICATE OF INSURANCE

This is to certify that we have issued to the Member Insured listed below, by delivery to its representative in Tampa, Florida, Policy No. 254117-18GL which provides insurance coverage from 09/15/2018 to 09/15/2019 both days at 12:01AM Standard Time, as described below.

Insured Address: Sunoco Pipeline L.P.
3801 West Chester Pike
Newtown Square PA 19073

Additional Insured: The Township of Middletown is an Additional Insured under the Policy but only to the extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Insured has agreed to provide insurance for the Township of Middletown. The Excess Liability policy follows form on the underlying policy schedule.

The policy indicated above applies with respect to the coverages and limits of liability indicated by specific entry herein but this Certificate of Insurance does not amend, extend or otherwise alter the terms and conditions of the insurance coverage in such policy.

<u>Coverage:</u>	<u>Limits of Liability:</u>
General Liability	\$100,000,000 per occurrence subject to a \$100,000,000 Annual Aggregate for all occurrences excess of \$35,000,000 per occurrence

If the policy is cancelled, thirty (30) days advance written notice thereof shall be given to:

Township of Middletown
P.O. Box 157
Lima PA 19037

This certificate is for information only, it is not a contract of insurance but attests that a policy as numbered above, and as it stands at the date of this Certificate, has been issued by the Company. Said policy is subject to change by endorsement and cancellation in accordance with its terms.

ENERGY INSURANCE MUTUAL LIMITED

A handwritten signature in black ink that reads 'Sandra R. Imbriani'.

Sandra Imbriani
Director – Casualty Underwriting
September 20, 2018

THE ATTACHMENT POINT APPLIES IN EXCESS OF ALL UNDERLYING POLICIES



VERIFICATION OF INSURANCE
TO WHOM IT MAY CONCERN

Dear Sirs,

Insured(s): **Sunoco Pipeline, L.P.**
And as more fully set forth in the Lead Underlying Policy

Certificate Holder: Township of Middletown

We act as insurance brokers to the above client and in this capacity can provide brief details of their current Excess Liability Insurance.

Insurer(s):

- 1) Hamilton Re
- 2) XL Bermuda Ltd
- 3) a) Lex-London
- b) Hamilton Re
- c) OCIL
- d) Chaucer Syndicate
- e) Somp International

Policy Number:

- 1) CX18556201
- 2) BM00031309LI18A
- 3) a) 62785472
- b) CX18556202
- c) U920760-0918
- d) 76667418AA
- e) EXC10003335707

The policies shown above include Time Element Pollution Liability

Period: 12 months from: 15th September 2018 to 15th September 2019 both days at 12:01am Local Standard Time at the address of the Insured.

LOCKTON COMPANIES LLP
The St Boltoph Building, 138 Houndsditch, London, EC3A 7AG
Tel: 020 7933 0000 / FAX: 020 7933 0915
www.lockton.com/international

A Division of Lockton Companies International Limited. Registered in England & Wales at the above address. Company number: 1211673
A Lloyd's Broker. Authorised and regulated by the Financial Conduct Authority. VAT Registration Number GB 449 6862 93.



Limit of Liability:	1) USD 7,500,000	
	part of:	
	USD 15,000,000	any one Occurrence / annual aggregate
	in excess of:	
	USD 135,000,000	any one Occurrence / annual aggregate
	2) USD 50,000,000	any one Occurrence / annual aggregate
	in excess of:	
	USD 150,000,000	any one Occurrence / annual aggregate
	3) USD 150,000,000	any one Occurrence / annual aggregate
in excess of:		
USD 200,000,000	any one Occurrence / annual aggregate	

The limits above include Time Element Pollution Liability

Situation: United States of America

Territorial Limits: Worldwide as per Primary Binder

This document is provided for information only and cover is subject to Insurer's policy terms, conditions, limitations and exclusions. Cover may also be subject to cancellation provisions and warranties.

The issuance of this document does not make the person or organisation to whom it has been issued an additional insured and confers no rights upon the recipient, nor does it modify in any manner the contract of insurance between the Insured and Insurers.

Without prejudice to the foregoing no assurance is given by us to the adequacy or otherwise of the sums insured /limit of liability/indemnity (as the case may be) under the insurance policies. Nor do we express any view or assume any liability as to the solvency or future ability to pay of any of the insurance companies with whom the insurance policies have been placed. In each case you must rely upon your own assessment of such matters. We cannot comment as to whether the client has done or omitted to do anything which has rendered or may render any policy of insurance (including the insurance policies noted in this document) taken out by it or by any other person in relation to any of the client's assets or liabilities void or voidable and you must similarly rely upon your own enquiries in this respect.

Lockton does not accept any liability or responsibility to any Third Party (including, but not limited to, any person to whom this document is addressed) in respect of the information provided nor do Lockton have any obligation to advise any changes to or cancellation of the insurances described.

This letter shall be governed by and shall be construed in accordance with English law and the courts of England and Wales shall have exclusive jurisdiction.

LOCKTON COMPANIES LLP
The St Boltoph Building, 138 Houndsditch, London, EC3A 7AG
Tel: 020 7933 0000 / FAX: 020 7933 0915
www.lockton.com/international



We trust that this information is sufficient for your purposes however, should you require additional detail this can be provided upon agreement from our client.

SIGNED.....*Calum Bannerman*.....DATED *26th Sept 2018*
PRINT NAME: *CALUM R BANNERMAN*,
For and on behalf of Lockton Companies LLP

SIGNED.....*N Kelly*.....DATED *26th September 2018*
PRINT NAME: *NATASHA KELLY*,
For and on behalf of Lockton Companies LLP

LOCKTON COMPANIES LLP
The St Boltoph Building, 138 Houndsditch, London, EC3A 7AG
Tel: 020 7933 0000 / FAX: 020 7933 0915
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