

# CERTIFICATE OF INSURANCE

REF MASTER

DATE (MM/DD/YY)  
3/4/2009

**PRODUCER**  
GLOBAL RISK PARTNERS LLC  
2 TRANSAM PLAZA DRIVE, STE 260  
OAKBROOK TERRACE, IL 60181  
PHONE: (630)261-6300 FAX (630) 261-6975

**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.**

**INSURERS AFFORDING COVERAGE**

**INSURED**  
AMERICAN ELECTRIC POWER CO., INC.  
AND ITS SUBSIDIARIES  
1 RIVERSIDE PLAZA  
COLUMBUS, OH 43215-2373

INSURER A: Energy Insurance Services Inc.

INSURER B: Steamship Insurance Management Services Limited

INSURER C:

INSURER D:

INSURER E:

NAMED INSURED INCLUDES, BUT IS NOT LIMITED TO: AMERICAN ELECTRIC POWER COMPANY, INC., AEP RIVER OPERATIONS LLC, AEP MEMCO, LLC, AEP ELMWOOD LLC, (D/B/A ELMWOOD MARINE SERVICES) APPALACHIAN POWER COMPANY, INDIANA MICHIGAN POWER COMPANY, KENTUCKY POWER COMPANY, OHIO POWER COMPANY, AEP SERVICE CORPORATION (AS AGENT)

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	<b>COMPREHENSIVE GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  <b>GENERAL AGGREGATE LIMIT APPLIES</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE LEGAL (Any one fire) \$ MEDICAL PAYMENTS \$								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS				COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY \$								
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AGGREGATE \$ EA. OCCURRENCE \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> WC STATU-TORY LIMITS</td> <td style="width: 50%;"><input type="checkbox"/> OTH-ER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table>	<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$		E.L. DISEASE - EA EMPLOYEE \$		E.L. DISEASE - POLICY LIMIT \$	
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E.L. EACH ACCIDENT \$													
E.L. DISEASE - EA EMPLOYEE \$													
E.L. DISEASE - POLICY LIMIT \$													
	<b>OTHER:</b> <b>A</b> HULL & MACHINERY (INCL. BREACH OF WARRANTY WHERE REQUIRED BY CONTRACT)	P03-09-26	2/20/2009	2/20/2010	<b>VESSEL VALUE</b>								
	<b>A</b> CONTINGENT P&I / MARINE LIABILITY	P03-09-10	2/20/2009	2/20/2010	<b>\$10,000,000</b>								
	<b>B</b> PROTECTION & INDEMNITY (INCL POLLUTION AND CREW LIABILITY)	19746 / 19747	2/20/2009	2/20/2010	<b>\$10,000,000</b>								

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 RECIPIENT IS ADDITIONAL INSURED (AND CO/ASSURED FOR P&I ENTRY) AND LOSS PAYEE, AS ITS INTEREST MAY APPEAR, TO THE EXTENT REQUIRED BY WRITTEN CONTRACT OR AGREEMENT. RIGHTS OF SUBROGATION ARE WAIVED AGAINST RECIPIENT TO THE EXTENT REQUIRED BY WRITTEN CONTRACT OR AGREEMENT.

**CERTIFICATE HOLDER**

**STANDARD CERTIFICATE AVAILABLE THROUGH WEB ACCESS**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Thomas J. Ptacek*

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