ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD[YY)		
PRODUCER			ONLY AN HOLDER.	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			INSURER A:	INSURER A:				
			INSURER B,					
			INSURER C,					
			INSURER D,	INSURER D,				
			INSURER E,	INSURER E,				
_	VERAGES			DOLE FOR THE DOL	101/ 050100 110104750		######################################	
A N	NY REQUIREMENT TERM OR COND IAY PERTAIN THE INSURANCE AFFO	D BELOW HAVE BEEN ISSUED TO THE IN DITION OF ANY CONTRACT OR OTHER DRDED BY THE POLICIES DESCRIBED H IN MAY HAVE BEEN REDUCED BY PAID	DOCUMENT WITH EREIN IS SUBJECT CLAIMS.	H RESPECT TO WH T TO ALL THE TERM	IICH THIS CERTIFICATE	MAY E	BE ISSUED OR	
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DDIYY)	POLICY EXPIRATION DATE (MM/DDIYY)	LIM	ITS		
	GENERAL LIABILITY				EACH OCCURRENCE	\$	1,000,000	
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$	250,000	
	CLAIMS MADE OCCUR				MED EXP (Any one person)	\$	10,000	
					PERSONAL & ADV INJURY	\$	1,000,000	
					GENERAL AGGREGATE	\$	2,000,000 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: policy project loc				PRODUCTS - COMP/OP AGG	\$	1,000,000	
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN EA ACC			
	EXCESS LIABILITY				AGG			
	OCCUR CLAIMS MADE				AGGREGATE	\$		
	CCCOR CEANNIS WADE				AGGILGATE	\$		
	DEDUCTIBLE					s		
	RETENTION \$					s		
	WORKERS COMPENSATION AND				WC STATU- OTH	I- T		
	EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$	500,000	
					E.L. DISEASE - EA EMPLOYE	E \$	500,000	
					E.L. DISEASE - POLICY LIMIT	- \$	1,000,000	
	OTHER							
DES	CRIPTION OF OPERATIONS/LOCATIONS/VE	HICLES/EXCLUSIONS ADDED BY ENDORSEMEN	T/SDECIAL DROVISIO	Ne .				
C	ERTIFICATE HOLDER AND EVEN	IT FACILITY (INSERT NAME) ARE AD ERAGES. COVERAGE IS PRIMARY	DITIONAL INSUF	RED WITH RESPE		BILITY		
	DTIFICATE WAY DEE		04110=:::=	71011				
CE	RTIFICATE HOLDER ADD	ITIONAL INSURED; INSURER LETTER:	1	CANCELLATION				
SOCIETY OF PETROLEUM ENGINEERS, INC. and direct and indirect subsidiaries and other affiliates P.O. Box 833836 Richardson, TX 75083-3836			DATE THEF	should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder named to the left.				
			AUTHORIZED RE	AUTHORIZED REPRESENTATIVE				

ACORD 25-S (7/97) (DACORD CORPORATION 1988