

Freedom of Information and Protection of Privacy Act

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection and use of this information can be directed to the Director, Client Services, Core Government and Crowns at 250 356-8915, PO Box 9405 STN PROV GOVT, Victoria BC V8W 9V1.

Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)	AGREEMENT IDENTIFICATION NO.
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-1-5506.04.06-2020
PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. 250-614-7400
Tim Pritchard, Engineering Officer	FAX NO. 250-953-0413
, 5	
MAILING ADDRESS	POSTAL CODE
2000 South Ospika Boulevard, Prince George, British Columbia	V2N 4W5
CONTRACTOR NAME	<u> </u>
Coastal GasLink Pipeline Limited Partnership, By its general partner Coastal GasLink F	Pipeline Ltd.
CONTRACTOR ADDRESS	POSTAL CODE
P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta	T2P 4K5

Part 2 To be completed by the Insurance Agent or Broker

Part :	۷	To be completed by the insurance Agent of	DIOKEI	
INIQUIDED	NAME Coasta	al GasLink Pipeline LP		
INSURED	ADDRESS			POSTAL CODE
	PROVIDE DE	Street SW Calgary AB		T2P 1H1
OPERATIONS INSURED		rations pertaining to the construction of the Coastal G	asLink Pipeline	
TYPE OF INSU	RANCE	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Commercial Ge Liability (Includi Owned Automo Liability	neral ng Non-	Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters s.21	2022/09/30	\$2,000,000

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

Additional Insured: Ministry of Forests, Lands, Natural Resource Operations and Rural Development.

AGENT OR BROKERAGE FIRM	ADDRESS	PHONE NO.
Cheryl Kassai	Suite 1100, 222 - 3rd Ave SW, Calgary, AB T2P 0B4	403 476 3421
NAME OF AUTHORIZED AGENT OR BROKER (PRINT)	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED
Cheryl Kassai	Of Thomas	June 15, 2020

FIN 173 Rev. 2014/04/24



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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

Take to be completed by the first meeting			
		GREEMENT IDENTIFICATION NO.	
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-8-5506-	2019	
PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. <b>250</b>	-614-7400	
Tim Pritchard, Engineering Officer	FAX NO. 250-9	53-0413	
MAILING ADDRESS		POSTAL CODE	
2000 South Ospika Boulevard, Prince George, British Columbia		V2N 4W5	
CONTRACTOR NAME Coastal GasLink Pipeline Limited Partnership, By its general partner Coastal GasLink F	Pipeline Ltd.		
CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta		POSTAL CODE T2P 4K5	

Part 2 To be completed by the Insurance Agent or Broker

2	To be completed by the insurance Agent of	r Broker	
NAME Coasta	al GasLink Pipeline LP		
ADDRESS 450 1st			
		SasLink Pipeline	
RANCE rately	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
neral ng Non- nile	Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters s.21	2022/09/30	\$2,000,000
	ADDRESS 450 1st PROVIDE DE All ope RANCE rately neral ng Non-	ADDRESS 450 1st Street SW Calgary AB PROVIDE DETAILS  All operations pertaining to the construction of the Coastal GRANCE rately  COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION  Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters	NAME Coastal GasLink Pipeline LP  ADDRESS 450 1st Street SW Calgary AB PROVIDE DETAILS  All operations pertaining to the construction of the Coastal GasLink Pipeline RANCE PROVIDE COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION  COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION  EXPIRY DATE YYYY/MM/DD  Deral Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters  Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

Additional Insured: Ministry of Forests, Lands, Natural Resource Operations and Rural Development.

AGENT OR BROKERAGE FIRM	ADDRESS	PHONE NO.
Cheryl Kassai	Suite 1100, 222 - 3rd Ave SW, Calgary, AB T2P 0B4	403 476 3421
NAME OF AUTHORIZED AGENT OR BROKER (PRINT)	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED
Cheryl Kassai	Of Thomas	June 15, 2020

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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

		TIFICATION NO.
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-9-7719-	2019
PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. <b>250</b>	-614-7400
Tim Pritchard, Engineering Officer	FAX NO. 250-9	53-0413
MAILING ADDRESS		POSTAL CODE
2000 South Ospika Boulevard, Prince George, British Columbia		V2N 4W5
CONTRACTOR NAME Coastal GasLink Pipeline Limited Partnership, By its general partner Coastal GasLink P	Pipeline Ltd.	
CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta		POSTAL CODE T2P 4K5

Part 2 To be completed by the Insurance Agent or Broker

Part 2	2	To be completed by the insurance Agent or	Broker	
INSURED	Coasta ADDRESS	al GasLink Pipeline LP		POSTAL CODE
	450 1st	Street SW Calgary AB		T2P 1H1
OPERATIONS INSURED	All ope	erations pertaining to the construction of the Coastal G	asLink Pipeline	
TYPE OF INSU List each sepa		COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Commercial Ge Liability (Includi Owned Automo Liability	ng Non-	Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters s.21	2022/09/30	\$2,000,000

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

Additional Insured: Ministry of Forests, Lands, Natural Resource Operations and Rural Development.

AGENT OR BROKERAGE FIRM	ADDRESS	PHONE NO.
Cheryl Kassai	Suite 1100, 222 - 3rd Ave SW, Calgary, AB T2P 0B4	403 476 3421
NAME OF AUTHORIZED AGENT OR BROKER (PRINT)	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED
Cheryl Kassai	Of Thomas	June 15, 2020

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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

Tart : To be completed by the first mee		
THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)	AGREEMENT IDEN	TIFICATION NO.
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP5-6480-2	2019
PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. <b>250</b>	-614-7400
Tim Pritchard, Engineering Officer	FAX NO. 250-95	53-0413
MAILING ADDRESS		POSTAL CODE
2000 South Ospika Boulevard, Prince George, British Columbia		V2N 4W5
CONTRACTOR NAME Coastal GasLink Pipeline Limited Partnership, By its general partner Coastal GasLink F	Pipeline Ltd.	
CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta		POSTAL CODE T2P 4K5

Part 2 To be completed by the Insurance Agent or Broker

Part 2		To be completed by the insurance Agent of	Broker	
INIQUIDED	NAME Coasta	al GasLink Pipeline LP		
INSURED	ADDRESS			POSTAL CODE
		Street SW Calgary AB		T2P 1H1
OPERATIONS INSURED	All ope	erations pertaining to the construction of the Coastal G	asLink Pipeline	
TYPE OF INSU List each sepa	RANCE	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Commercial Ge Liability (Includii Owned Automo Liability	ng Non- bile	Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters s.21	2022/09/30	\$2,000,000

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

Additional Insured: Ministry of Forests, Lands, Natural Resource Operations and Rural Development.

AGENT OR BROKERAGE FIRM	ADDRESS	PHONE NO.
Cheryl Kassai	Suite 1100, 222 - 3rd Ave SW, Calgary, AB T2P 0B4	403 476 3421
NAME OF AUTHORIZED AGENT OR BROKER (PRINT)	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED
Cheryl Kassai	Of Thomas	June 15, 2020

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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

Turk to be compressed by the free times		
		TIFICATION NO.
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-2-7719.	07-2020
PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. 250	-614-7400
Tim Pritchard, Engineering Officer	FAX NO. 250-95	53-0413
MAILING ADDRESS	POSTAL CODE	
2000 South Ospika Boulevard, Prince George, British Columbia		V2N 4W5
CONTRACTOR NAME Coastal GasLink Pipeline Limited Partnership, By its general partner Coastal GasLink P	ipeline Ltd.	
P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta		POSTAL CODE T2P 4K5

Part 2 To be completed by the Insurance Agent or Broker

2	To be completed by the insurance Agent of	Broker	
NAME Coasta	al GasLink Pipeline LP		
ADDRESS 450 1st	Street SW Calgary AB		POSTAL CODE T2P 1H1
		asLink Pipeline	
RANCE arately	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
neral ng Non- bile	Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters s.21	2022/09/30	\$2,000,000
	ADDRESS 450 1st PROVIDE DI All ope RANCE prately neral ng Non-	NAME Coastal GasLink Pipeline LP  ADDRESS 450 1st Street SW Calgary AB PROVIDE DETAILS  All operations pertaining to the construction of the Coastal G RANCE Brately  COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION  Die Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters	NAME Coastal GasLink Pipeline LP  ADDRESS 450 1st Street SW Calgary AB PROVIDE DETAILS  All operations pertaining to the construction of the Coastal GasLink Pipeline RANCE Brately  COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION  EXPIRY DATE YYYY/MM/DD  Deral Brately  Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters  Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

Additional Insured: Ministry of Forests, Lands, Natural Resource Operations and Rural Development.

AGENT OR BROKERAGE FIRM	ADDRESS	PHONE NO.
Cheryl Kassai	Suite 1100, 222 - 3rd Ave SW, Calgary, AB T2P 0B4	403 476 3421
NAME OF AUTHORIZED AGENT OR BROKER (PRINT)	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED
Cheryl Kassai	Of Thomas	June 15, 2020

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Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)	AGREEMENT IDENTIFICATION NO.
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-3-6480.07-2019
PROVINCE'S CONTACT PERSON	PHONE NO. 250-614-7400
Tim Pritchard, Engineering Officer	FAX NO. 250-953-0413
MAILING ADDRESS	POSTAL CODE
2000 South Ospika Boulevard, Prince George, British Columbia	V2N 4W5
CONTRACTOR NAME Coastal GasLink Pipeline Limited Partnership, By its general partner Coastal GasLink P	ipeline Ltd.
CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta	POSTAL CODE T2P 4K5

Part 2 To be completed by the Insurance Agent or Broker

Part 2	2	To be completed by the Insurance Agent or	Broker	
INSURED	NAME Coasta	al GasLink Pipeline LP		
INSURED	ADDRESS 450 1st	Street SW Calgary AB		POSTAL CODE T2P 1H1
OPERATIONS INSURED	All ope	etails rations pertaining to the construction of the Coastal G	asLink Pipeline	
TYPE OF INSU List each sepa		COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Commercial Ge Liability (Includi Owned Automo Liability	ng Non-	Liberty Mutual Insurance Company Allianz Global Corporate & Specialty SE Lloyd's Underwriters s.21	2022/09/30	\$2,000,000

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

Additional Insured: Ministry of Forests, Lands, Natural Resource Operations and Rural Development.

AGENT OR BROKERAGE FIRM	ADDRESS	PHONE NO.
Cheryl Kassai	Suite 1100, 222 - 3rd Ave SW, Calgary, AB T2P 0B4	403 476 3421
NAME OF AUTHORIZED AGENT OR BROKER (PRINT)	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED
Cheryl Kassai	Of Thomas	June 15, 2020

FIN 173 Rev. 2014/04/24



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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)  Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-3-6480.0	
PROVINCE'S CONTACT PERSON NAME & TITLE	рноме NO. <b>250-</b>	312-3010
Tim Pritchard, Engineering Officer	FAX NO.	
ANILING ADDRESS 2000 South Ospika Boulevard, Prince George, British Columbia		POSTAL CODE V2N 4W5
Contractor NAME Coastal Gaslink Pipeline Limited Partnership, By its general partner Coastal GasLink L	td.	
CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta		POSTAL CODE T2P 4K5

To be completed by the Insurance Agent or Broker Part 2

rait 2		o be completed by the insurance Agent of b	OKCI	
INIQUIDED	NAME Coastal Gaslink Pipeline Limited			
INSURED	INSURED ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta			POSTAL CODE T2P 4K5
OPERATIONS INSURED	All opera	etails ations pertaining to the construction of the Coastal GasLir	nk Pipeline.	
TYPE OF INSU		COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Non-owned Aircraf Liability	t Legal	Certain Licesed Canadian Insurers and Subscribing Companies - s.21	2021/05/01	CSL of not less than CAD130,000,000 each Occurrence
Automobile Liability	,	Liberty Mutual Insurance Company -s.21 All vehicles owned, leased or licensed in the name of the Insured	2021/06/01	\$1,000,000 Combined limit per occurrence for Bodily Injury and Property Damage

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

including the provisions as noted in Schedule C - Insurance

Robert Carter	Vafa	June 16, 2020
NAME OF AUTHORIZED AGENT OR BROKER (PRINT) Chris Boulanger	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	June 15, 2020
Willis Canada, Inc.	ADDRESS 2900 308 4 <sup>th</sup> Ave. SW, Calgary, AB. T2P 0H7	PHONE NO. 403 618 5808



Freedom of Information and Protection of Privacy Act
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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)  Ministry of Forests, Lands, Natural Resource Operations and Rural Development	AGREEMENT IDENTIFICATION NO. WP5-6480-2019	
PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. 250-312-3010	
Tim Pritchard, Engineering Officer	FAX NO.	
MAILING ADDRESS 2000 South Ospika Boulevard, Prince George, British Columbia		
Contractor NAME Coastal Gaslink Pipeline Limited Partnership, By its general partner Coastal GasLink Li	td.	
CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta	POSTAL CODE T2P 4K5	

Part 2 To be completed by the Insurance Agent or Broker

Part 2		o be completed by the insurance Agent or b	OKCI	
INICUIDED	NAME Coastal Gaslink Pipeline Limited			
INSURED	ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta POSTAL CODE T2P 4K5			
OPERATIONS INSURED	All operations pertaining to the construction of the Coastal Gast link Pineline			
TYPE OF INSUI		COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Non-owned Aircraf Liability	-	Certain Licesed Canadian Insurers and Subscribing Companies - s.21	2021/05/01	CSL of not less than CAD130,000,000 each Occurrence
Automobile Liability	′	Liberty Mutual Insurance Company \$.21 All vehicles owned, leased or licensed in the name of the Insured	2021/06/01	\$1,000,000 Combined limit per occurrence for Bodily Injury and Property Damage

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

including the provisions as noted in Schedule C - Insurance

AGENT OR BROKERAGE FIRM Willis Canada, Inc.	<sup>ADDRESS</sup> 2900 308 4 <sup>th</sup> Ave. SW, Calgary, AB. T2P 0H7	PHONE NO. 403 618 5808
NAME OF AUTHORIZED AGENT OR BROKER (PRINT) Chris Boulanger	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED June 15, 2020
Robert Carter	Vafh	June 16, 2020
	The state of the s	



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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)	AGREEMENT IDENTIFICATION NO.
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-2-7719.07-2020
PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. 250-312-3010
Tim Pritchard, Engineering Officer	FAX NO.
MAILING ADDRESS	POSTAL CODE
2000 South Ospika Boulevard, Prince George, British Columbia	V2N 4W5
CONTRACTOR NAME Coastal Gaslink Pipeline Limited Partnership, By its general partner Coastal GasLink Ltd	d.
CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta	POSTAL CODE T2P 4K5

To be completed by the Insurance Agent or Broker Part 2

rait 2		o be completed by the insurance Agent of b	OKCI	
INIOLIDED	Coastal Gaslink Pipeline Limited			
INSURED		O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta  POSTAL CODE T2P 4K5		
OPERATIONS INSURED	All opera	ertails ations pertaining to the construction of the Coastal GasLir	nk Pipeline.	
TYPE OF INSU List each sepa		COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Non-owned Aircraf Liability	•	Certain Licesed Canadian Insurers and Subscribing Companies - s.21	2021/05/01	CSL of not less than CAD130,000,000 each Occurrence
Automobile Liability	у	Liberty Mutual Insurance Company <b>s</b> .21  All vehicles owned, leased or licensed in the name of the Insured	2021/06/01	\$1,000,000 Combined limit per occurrence for Bodily Injury and Property Damage

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

including the provisions as noted in Schedule C - Insurance

Robert Carter	Vafa	June 16, 2020
NAME OF AUTHORIZED AGENT OR BROKER (PRINT) Chris Boulanger	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	June 15, 2020
Willis Canada, Inc.	ADDRESS 2900 308 4 <sup>th</sup> Ave. SW, Calgary, AB. T2P 0H7	PHONE NO. 403 618 5808



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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)	AGREEMENT IDEN	
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-1-5506.	04.06-2020
PROVINCE'S CONTACT PERSON NAME & TITLE	рноме NO. <b>250</b>	-312-3010
Tim Pritchard, Engineering Officer	FAX NO.	
MAILING ADDRESS		POSTAL CODE
2000 South Ospika Boulevard, Prince George, British Columbia		V2N 4W5
CONTRACTOR NAME Coastal Gaslink Pipeline Limited Partnership, By its general partner Coastal GasLink L	td.	1
CONTRACTOR ADDRESS		POSTAL CODE
P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta		T2P 4K5

Part 2		o be completed by the Insurance Agent or E	Broker	
IN IOU IDED	NAME Coastal Gaslink Pipeline Limited			
INSURED			POSTAL CODE T2P 4K5	
OPERATIONS INSURED	All opera	ETAILS ations pertaining to the construction of the Coastal GasLi	nk Pipeline.	
TYPE OF INSUI List each sepa		COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Non-owned Aircraf	-	Certain Licesed Canadian Insurers and Subscribing Companies - s.21	2020/05/01	CSL of not less than CAD130,000,000 each Occurrence

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AGENT OR BROKER COMMENTS:

including the provisions as noted in Schedule C - Insurance

AGENT OR BROKERAGE FIRM Willis Canada, Inc.	ADDRESS 2900 308 4 <sup>th</sup> Ave. SW, Calgary, AB. T2P 0H7	PHONE NO. 403 618 5808
NAME OF AUTHORIZED AGENT OR BROKER (PRINT) Chris Boulanger	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	June 15, 2020

FIN 173 Rev. 2013/07/31



Freedom of Information and Protection of Privacy Act
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Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

	THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)  Ministry of Forests, Lands, Natural Resource Operations and Rural Development  AGREEMENT WP-8-55		TIFICATION NO. 2019
	PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. <b>250</b>	-312-3010
	Tim Pritchard, Engineering Officer	FAX NO.	
MAILING ADDRESS 2000 South Ospika Boulevard, Prince George, British Columbia			POSTAL CODE V2N 4W5
	CONTRACTOR NAME Coastal Gaslink Pipeline Limited Partnership, By its general partner Coastal GasLink Ltd	td.	
	CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta	POSTAL CODE T2P 4K5	

To be completed by the Insurance Agent or Broker Part 2

rait 2		o be completed by the insurance Agent of b	OKCI	
INCUES	Coastal Gaslink Pipeline Limited			
INSURED		POSTAL CODE D. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta POSTAL CODE T2P 4K5		
OPERATIONS INSURED	All opera	etails ations pertaining to the construction of the Coastal GasLir	nk Pipeline.	
TYPE OF INSU List each sepa		COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Non-owned Aircraft Legal Liability		Certain Licesed Canadian Insurers and Subscribing Companies - s.21	2021/05/01	CSL of not less than CAD130,000,000 each Occurrence
Automobile Liability	у	s.21 Liberty Mutual Insurance Company  All vehicles owned, leased or licensed in the name of the Insured	2021/06/01	\$1,000,000 Combined limit per occurrence for Bodily Injury and Property Damage

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

including the provisions as noted in Schedule C - Insurance

Robert Carter	Va-fh-	June 16, 2020
NAME OF AUTHORIZED AGENT OR BROKER (PRINT) Chris Boulanger	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	June 15, 2020
Willis Canada, Inc.	ADDRESS 2900 308 4 <sup>th</sup> Ave. SW, Calgary, AB. T2P 0H7	PHONE NO. 403 618 5808



Freedom of Information and Protection of Privacy Act
The personal information requested on this form is collected under the authority of and used for the purpose of administering the Financial Administration Act. Questions about the collection and use of this information can be directed to the Director, Client Services, Core Government and Crowns at 250 356-8915, PO Box 9405 STN PROV GOVT, Victoria BC V8W 9V1.

Please refer all other questions to the contact named in Part 1.

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO (Name of office)	AGREEMENT IDEN	
Ministry of Forests, Lands, Natural Resource Operations and Rural Development	WP-9-7719-	2019
PROVINCE'S CONTACT PERSON NAME & TITLE	PHONE NO. <b>250</b>	-312-3010
Tim Pritchard, Engineering Officer	FAX NO.	
MAILING ADDRESS 2000 South Ospika Boulevard, Prince George, British Columbia		V2N 4W5
CONTRACTOR NAME Coastal Gaslink Pipeline Limited Partnership, By its general partner Coastal GasLink Lt	d.	1
CONTRACTOR ADDRESS P.O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta		POSTAL CODE T2P 4K5

To be completed by the Insurance Agent or Broker Part 2

rait 2		o be completed by the insurance Agent of b	OKCI	
INIOUEE	Coastal Gaslink Pipeline Limited			
INSURED		O. Box 1000, Station M, 450 1st Street SW, Calgary, Alberta Postal code T2P 4K5		
OPERATIONS INSURED	All opera	ertails ations pertaining to the construction of the Coastal GasLir	nk Pipeline.	
TYPE OF INSU List each sepa		COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Non-owned Aircraft Legal Liability		Certain Licesed Canadian Insurers and Subscribing Companies - s.21	2021/05/01	CSL of not less than CAD130,000,000 each Occurrence
Automobile Liability	/	s.21 Liberty Mutual Insurance Company - All vehicles owned, leased or licensed in the name of the Insured	2021/06/01	\$1,000,000 Combined limit per occurrence for Bodily Injury and Property Damage

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

including the provisions as noted in Schedule C - Insurance

AGENT OR BROKERAGE FIRM Willis Canada, Inc.	ADDRESS 2900 308 4 <sup>th</sup> Ave. SW, Calgary, AB. T2P 0H7	PHONE NO. 403 618 5808
NAME OF AUTHORIZED AGENT OR BROKER (PRINT) Chris Boulanger	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED June 15, 2020
Robert Carter	Vafa	June 16, 2020
	PO	