

CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)
06/12/05

BROKER

ACCESS INSURANCE GROUP LTD.
www.accessinsurancegroup.com
4435 - 99 STREET
EDMONTON, AB
BROKER'S CLIENT ID: 96364-1

T6E 5B6

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.

COMPANIES AFFORDING COVERAGE

COMPANY A	Aviva Canada
COMPANY B	
COMPANY C	
COMPANY D	

INSURED'S FULL NAME AND MAILING ADDRESS

963642 Alberta Ltd o/a
P.W. Rentals
Box 2296
Fairview, AB T0H 1L0

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.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS EMPLOYER'S LIABILITY CROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	CMP 81249393	06/11/07	07/11/07	EACH OCCURRENCE	\$ 2000000
					GENERAL AGGREGATE	\$ 2000000
					PRODUCTS - COMP/OP AGG	\$ 2000000
					PERSONAL INJURY	\$ 2000000
					TENANTS LEGAL LIABILITY	\$ 100000
					MED EXP (Any one person)	\$ 10000
					NON-OWNED AUTO	\$ 2000000
					OPTIONAL POLLUTION LIABILITY EXTENSION	\$
					(Per Occurrence)	\$
					(Aggregate)	\$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES ALL OWNED AUTOS LEASED AUTOMOBILES <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	6141091636	06/09/28	07/09/28	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 2000000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <small>(Specify)</small>					EACH OCCURRENCE	\$
					AGGREGATE	\$
OTHER LIABILITY (SPECIFY)						

ADDITIONAL INSURED

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS
Rental of Wellsite Trailers & Equipment

CERTIFICATE HOLDER

To Whom it May Concern

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail XXX days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINT NAME INCLUDING POSITION HELD

Chad Hudson, Mgt, CIP, CUB

Account Executive

FAX NUMBER

EMAIL ADDRESS

COMPANY

DATE

780-435-4847

Access Insurance Group Ltd

06/12/05

CSIO CERT (6/00)