River Port, LLC

EXHIBIT C - TIER 3

INSURANCE REQUIREMENTS

1. Insurance Company Criteria

Lessee agrees to procure and maintain for the term of the Lease and two (2) years after the completion of the Lease, at its expense, insurance with insurance companies authorized and licensed to do business in the state, province or country where the services or work will be performed having at least an A.M. Best's rating of A – VIII, covering all operations under this contract, with the kinds and in the minimum amounts required, under the contract as set forth below.

| Subcontractor Tier* Group | Scope of Work | | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Tier 3 | OEM tech reps and others who perform operations which are low hazard with minimal exposure to injury or property damage | | | |

* River Port, LLC has final determination in tier classification

2. Coverage Requirements

| COVERAGE | MINIMUM LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| i. Marine Comprehensive General Liability, Vessel and Crew Liability including: | ⊠\$1,000,000 Combined Single Limit (CSL) occurrence |
| ⊠Bodily Injury and Property Damage ⊠Contractual Liability ⊠Ship Repairer's Legal Liability □Other | Including: Third Party Action Over coverage, Other Work and Traveling Workmen Endorsement For Owned Vessel Operations: Protection & Indemnity, Collision Liability, Terminal Operators Legal Liability, Wharfingers Legal Liability, Vessel Pollution Liability |
| ii. Vessel/Hull and Physical Damage Coverage including machinery & equipment <i>for Owned Vessels</i> | Full Value of Vessel and her machinery & equipment |
| iii. Umbrella, Bumbershoot, and/or Excess Liability, which will extend to cover excess limits over Employers Liability, Commercial General Liability and Commercial Auto Liability coverages above | If needed to meet required limit: ⊠1,000,000 Tier 3 |
| \boxtimes Yes | |

River Port, LLC

| COVERAGE | MINIMUM LIMITS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| □No Where maritime employment is involved the following are required: Bumbershoot Liability | |
| iv. Worker's Compensation including: ⊠All States Coverage/Endorsement □Where work or service will be performed on a US base outside of the US, the following is required: Defense Base Act □Where maritime employment is involved the following are required: ■Longshore and Harbor Workers Compensation □Outer Continental Shelf Act ⊠Maritime Employers Liability (for "non-owned" vessel crew) ⊠Jones Act (for "owned" vessel crew) | Statutory coverage as required by the laws of the state(s), province(s) or country(s) in which the services or work are to be performed. Employers Liability: ⊠1,000,000 – bodily injury by accident ⊠1,000,000 – bodily injury by disease – each accident ⊠1,000,000 – bodily injury by disease - aggregate Federal coverage as required by the laws and regulations of United States Department of Labor |
| vi. Professional Liability, covering the Subcontractor for the negligent performance of its Engineering/Design Services, Gas Freeing or other Professional Services, whichever is applicable. Services applicable. No | ⊠\$1,000,000 each claim ⊠\$1,000,000 aggregate |

3. Requirements that must appear in the "Description of Operations" box on the certificate of insurance:

 <u>Additional Insured Wording:</u> Lessee shall include S23 Holdings, LLC / River Port, LLC & Affiliates as additional insured under its Marine General Liability, and Umbrella, Excess, or Bumbershoot Liability policies.

- <u>Waiver of Subrogation Requirement:</u> Lessee and insurer shall waive subrogation against **S23 Holdings, LLC / River Port, LLC & Affiliates** under its Marine General Liability, Umbrella, Excess, or Bumbershoot Liability and Workers Compensation policies.
- <u>Primary and Non-Contributory Requirement:</u>

Lessee' Marine General Liability and Umbrella, Excess, or Bumbershoot Liability policies shall be considered primary and non-contributory of any other valid and collectible insurance carried by **S23** Holdings, LLC / River Port, LLC & Affiliates.

• <u>Cancellation Provision</u>

•

Lessee agrees that each insurance policy shall contain an endorsement that provides for at least thirty (30) days prior notice to **S23 Holdings, LLC / River Port, LLC & Affiliates**, in the event of any cancellation or modification of coverage. Where services provided are for Government contracts of an Affiliate of S23 Holdings, LLC, the policies shall also contain an endorsement that cancellation or material change in the policies, adversely affecting the interest of the Government in such insurance, shall not be effective unless the Task Order Contracting Officer approves such cancellation or change. Lessee agrees not to amend or

River Port, LLC

modify its insurance policies or certificates of insurance where such amendments or modifications would reduce coverage amounts below the requirement of this agreement.

4. Evidence of Insurance

Prior to Occupying the Premises, Lessee shall furnish **S23 Holdings, LLC / River Port, LLC & Affiliates** with certificates of insurance to evidence Lessee' compliance with the insurance requirements of this Lease. Renewal certificates of insurance shall be provided to **S23 Holdings, LLC / River Port, LLC & Affiliates** prior to the expiration dates of the required insurance. The Certificate Holder shall be **S23 Holdings, LLC / River Port, LLC & Affiliates**.

5. Additional Requirements for Government Contractors

If applicable, Lessee shall also comply with any terms set forth in FAR clause 52.228-7 entitled "Insurance-Liability to Third Persons", which are in addition to those requirements contained in this agreement.

In addition, based on the services or work rendered, S23 Holdings, LLC / River Port, LLC & Affiliates may reasonably require additional insurance coverages and/or limits.

Neither failure of Lessee to comply with any or all of the insurance provisions of these security services nor the failure to secure endorsements or policies as may be necessary to carry out the terms and provisions of this contract, shall be construed to limit or relieve the Lessee from any of its obligations under this Lease.

6. No Relief

Neither failure of Lessee to comply with any or all of the insurance provisions of this Lease, nor the failure to secure endorsements or policies as may be necessary to carry out the terms and provisions of this Lease, shall be construed to limit or relieve the Lessee from any of its obligations under this Lease.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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, EXTERD 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 | CONTACT NAME: | | | | |
|--------------------------------|-----------------------------------------|--------|--|--|--|
| AGENT OR BROKER | PHONE FAX (A/C, No, Ext): (A/C, No): | | | | |
| | E-Mall ADDRESS: | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| | INSURER A : A- OR BETTER RATED COMPANY | | | | |
| INSURED | INSURER B : | | | | |
| SUBCONTRACTOR WITH PIER ACCESS | INSURER C : | | | | |
| TIER 3 | INSURER D : | | | | |
| | INSURER E : | | | | |
| | INSURER F : | | | | |

 COVERAGES
 CERTIFICATE NUMBER:
 REVISION NUMBER:

 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.

| INSR LTR | | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|-------------|---------------------------------------|---------------------------------------------------|--------------|-------------|---------------|----------------------------|----------------------------|----------------------------------------------|-------------------------|
| | Х | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | Х | Ship Repairers Legal Liability | | | | | | MED EXP (Any one person) | _{\$} 5,000 |
| | Х | Contractual Liability | X | X | | | | PERSONAL & ADV INJURY | _{\$} 1,000,000 |
| | GE | LAGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | х | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | _{\$} 1,000,000 |
| | | OTHER: | | | | | | | \$ |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | х | ANY AUTO | | | | | | BODILY INJURY (Per person) | s |
| | | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | х | AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| | Х | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | _{\$} 1,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | X | X | | | | AGGREGATE | \$ 1,000,000 |
| | | DED RETENTION \$ | | | | | | | s |
| | | RKERS COMPENSATION | | | | | | X PER STATUTE X OTH- ER | USL&H |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE | N/A | x | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| I | (Mar | cer/MEMBEREXCLUDED? | "'A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| | | | | | | | | | |
| | Professional Liability(if Applicable) | | | | | | | Each Claim | \$1,000,000 |
| | | | | | | | | Aggregate | \$1,000,000 |

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

As required by an insured written contract, and in accordance with the attached forms, S23 Holdings, LLC / River Port, LLC and Affiliates are additional insured for General Liability and Umbrella/Bumbershoot on a primary and noncontributory basis. Waiver of Subrogation applies in favor of the additional insured for General Liability, Umbrella/Bumbershoot and Employers Liability.

30 day written notice of cancellation provided to the certificate holder.

| CERTIFICATE HOLDER | | CANCELLATION | | |
|-------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| S23 Holdings, LLC / River Port, LLC and Affilia 1201 Terminal Avenue | tes | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | |
| 1201 Terminal Avenue | | AUTHORIZED REPRESENTATIVE | | |
| Newport News | VA 23607 | | | |

ACORD 25 (2016/03)

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