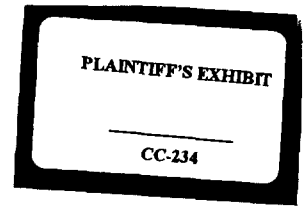
SHELTON INSURANCE AGENCY, INC.

General Insurance & Bonds



August 21, 1992

TO WHOM IT MAY CONCERN:

The enclosed certificate of insurance is replacement for certificate issued to you earlier. The policies issued by Scottsdale Insurance Company were cancelled 8-10-92 and have been rewritten by Generali effective 8-10-92.

If you have any questions, please feel free to call on us.

Sincerely,

Margie Najvar, ACSR
Shelton Insurance Agency, Inc.

encl.

1227 Third Street • P. O. Box 2727 • Corpus Christi, TX 78403 • (512) 882-5586 • FAX 882-7935

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY): 8-25-92db

PRODUCER

Shelton Insurance Agy Inc
P O Box 2727
Corpus Christi TX 78403

INSURED

Gilman Insulation Company, Inc.
P O Box 4074
Corpus Christi TX 78469

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 LETTER A	Generali (A+XV)
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY					
A	X COMPREHENSIVE FORM	TH0124091/18B	8-10-92	8-10-93	BODILY INJURY OCC.	$
	X PREMISES/OPERATIONS				BODILY INJURY AGG.	$
	X UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE OCC.	$
	X PRODUCTS/COMPLETED OPER.				PROPERTY DAMAGE AGG.	$
	X CONTRACTUAL				BI & PD COMBINED OCC.	$ 1,000,000.
	X INDEPENDENT CONTRACTORS				BI & PD COMBINED AGG.	$ 1,000,000.
	X BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY AGG.	$ 1,000,000.
	X PERSONAL INJURY					
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person)	$
	ANY AUTO					
	ALL OWNED AUTOS (Priv. Pass.)				BODILY INJURY (Per accident)	$
	ALL OWNED AUTOS (Other Than Priv. Pass.)					
	HIRED AUTOS				PROPERTY DAMAGE	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY				BODILY INJURY & PROPERTY DAMAGE COMBINED	$
	EXCESS LIABILITY				EACH OCCURRENCE	$ 5,000,000.
A	X UMBRELLA FORM	UMB7305533	8-10-92	8-10-93	AGGREGATE	$ 5,000,000.
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE—POLICY LIMIT	$
					DISEASE—EACH EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Blanket Waiver of Subrogation and Additional Insured provided to certificate holder.

CERTIFICATE HOLDER

Coastal States Refinery
P.O. Box 109
Corpus Christi, TX 78405

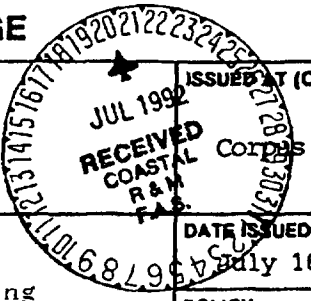
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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.

AUTHORIZED REPRESENTATIVE: H.W. Shelton

CED0006212

NOTICE OF INSURANCE CHANGE



INSURED	ISSUED AT (CITY AND STATE)
Gilman Insulation Company, Inc. P O Box 4074 Corpus Christi, Texas 78469	Corpus Christi, Texas
NAME AND ADDRESS OF CERTIFICATE HOLDER Coastal Refining & Marketing P O Box 521 Corpus Christi, TX 78403	**DATE ISSUED** July 16, 1992
	POLICY NUMBER(S) / **EFFECTIVE DATE OF CHANGE** WC-2957977 — 7-26-92

In accordance with the terms of any Certificate or other evidence of insurance in your possession for the policies shown hereon, you are hereby notified of the following changes effective 12:01 A.M. Standard Time on the date indicated opposite the policy or policies.

The above referenced policy is terminated with these companies on the "Effective Date of Change."

EMPLOYERS CASUALTY COMPANY

EMPLOYERS NATIONAL INSURANCE COMPANY

EMPLOYERS CASUALTY CORPORATION

EMPLOYERS NATIONAL INSURANCE CORPORATION

EMPLOYERS OF TEXAS LLOYD'S

BY *(Authorized Representative)*

(Signed) James D. Holland

(Typed) James D. Holland, Marketing Manager

TECO 3935-F (12-88)

CED0006213