

**ACORD CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)

04/25/2001

**PRODUCER**

JOHN L. WORTHAM & SON, L.L.P.  
P.O. BOX 1388  
HOUSTON, TEXAS 77251-1388

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 EMPLOYERS INSURANCE WAUSAU

**COMPANY**

B AEGIS

**COMPANY**

C

**COMPANY**

D

072923-00002-2001A-000003

NL /BJB 1/1

**INSURED**

DELTA POWER COMPANY  
SALMON ENERGY LLC  
PEGASUS POWER PARTNERS, LLC  
89 HEADQUARTERS PLAZA-NORTH TOWER, 14TH FLOOR  
MORRISTOWN, NJ 07960

**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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	08300018867	10/15/2000	10/15/2001	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY OCCURRENCE <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	083002018867	10/15/2000	10/15/2001	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
B	OTHER UMBRELLA/EXCESS LIABILITY	X0906A1A00	10/15/2000	10/15/2001	\$20,000,000 EACH OCCURRENCE \$20,000,000 AGGREGATE

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED WHEN REQUIRED BY WRITTEN CONTRACT, BUT ONLY FOR LIABILITY ARISING OUT OF THE OPERATIONS OR PRODUCTS OF THE INSURED.

**CERTIFICATE HOLDER**

ARCLIGHT CAPITAL PARTNERS  
200 CLAREDON STREET, 21ST FLOOR  
BOSTON, MA 02117  
ATTN: GENERAL COUNCIL  
FAX: 617-867-4698

**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**

*John L. Wortham & Son, L.L.P.*

ACORD 25-5 (3/93)

ACORD CORPORATION 1993

**ACORD CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)

04/12/2001

**PRODUCER**

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P.O. BOX 1388  
HOUSTON, TEXAS 77251-1388

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**COMPANIES AFFORDING COVERAGE****COMPANY**

A EMPLOYERS INSURANCE WAUSAU

**COMPANY**

B AEGIS

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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
B	<b>OTHER UMBRELLA/EXCESS LIABILITY</b>	X0906A1A00	10/15/2000	10/15/2001	\$20,000,000 EACH OCCURRENCE \$20,000,000 AGGREGATE

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**CERTIFICATE HOLDER**

JOHN HANCOCK LIFE INSURANCE COMPANY  
200 CLARENDON STREET  
BOSTON, MA 02117  
ATTN: BOND AND CORPORATE FINANCE GROUP T-57

**CANCELLATION**

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**AUTHORIZED REPRESENTATIVE**

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072923-00002-2001A-000001

NL /BJB 1/1

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**CERTIFICATE HOLDER**

ENRON NORTH AMERICA CORP  
ATTN: SHEILA TWEED  
1400 SMITH STREET  
HOUSTON, TX 77002  
FAX: 713-646-3383

ACORD 26-S (3/93)

**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.

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