


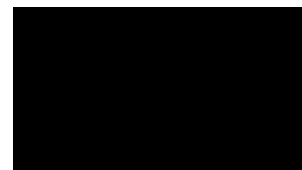


Dakota Access, LLC

Confirmation of Coverage

\$5M Excess Liability


8/15/2021 – 8/15/2022



Confirmation of Coverage

In accordance with your instructions and based on the information you provided, [REDACTED],
[REDACTED], has arranged the following insurance on your behalf:

Insured: **Dakota Access, LLC**
 Energy Transfer Crude Oil Company, LLC

8111 Westchester Drive, Suite 600
Dallas, TX 75225

Security: [REDACTED]
 A.M. Best Rating A+, XV
 [REDACTED]

Coverage: \$5M Excess Liability

Policy Term: August 15, 2021 – August 15, 2022
 (12:01 a.m. at the Named Insured's address)

Coverage Terms

And Conditions: As per attached Binder from [REDACTED]

Total Premium:	[REDACTED]	Annual Premium
	[REDACTED]	TRIA
	[REDACTED]	Surplus Lines Taxes
	[REDACTED]	Stamping Fee
	[REDACTED]	Total Annual Premium

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

An Insurance Contract Will Be Issued:

██████████ confirms that the insurance described in this Confirmation of Coverage has been bound with the insurer(s) named. The Insurer(s) will issue an insurance contract setting forth the complete terms of coverage. In the event of any inconsistency between the insurance contract and the Confirmation of Coverage, the insurance contract will in all cases prevail, and this Confirmation of Coverage is deemed to conform to the terms of the insurance contract. This Confirmation of Coverage serves as evidence that insurance has been contracted for and terminates ab initio on issuance of the insurance contract.

The Insurer:

██████████ are not the insurers hereunder and are not liable for payment of any claims incurred under this insurance. The party or parties responsible for payment of claims is the insurance company or companies named as "Security" herein.

██████████

By: ██████████

Authorized Representative

This Confirmation of Coverage provides a generalized and abbreviated description of the principal features of this insurance and should be used for reference only. Please refer to the Policy form itself for a complete description of the coverage(s). Specific questions on all policy terms and conditions should be referred to your Lock ██████████

██████████ does not guarantee, or make any representation in regard to, and expressly disclaims responsibility for, the financial condition of insurance companies with which we place business. Any rating information contained in this document has been obtained by a third-party rating agency, and we do not represent or warrant its accuracy.

██████████

**IMPORTANT NOTICE
TO OBTAIN INFORMATION OR TO MAKE A COMPLAINT**

You may contact your agent:



You may contact the Texas Department of Insurance to obtain information on companies. Coverages, rights or complaints at:

1-800-252-3439

You may write to the Texas Department of Insurance:

**P.O. Box 149104
Austin, TX 78714-9104**

PREMIUM OR CLAIM DISPUTES

Should you have a dispute concerning your premium or about a claim you should contact the company first.
If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document.





August 4, 2021



RE: Dakota Access, LLC; Energy Transfer Crude Oil Company, LLC

EXCESS LIABILITY CONFIRMATION OF COVERAGE

Dear Richard:

In accordance with your instructions to bind, please find the attached Binder for Dakota Access, LLC; Energy Transfer Crude Oil Company, LLC which confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE: 8/4/2021

INSURED: Dakota Access, LLC; Energy Transfer Crude Oil Company, LLC

MAILING ADDRESS: 8111 Westchester Drive
Ste 600
Dallas, TX 75225

CARRIER:

POLICY NUMBER:

POLICY PERIOD: From 8/15/2021 to 8/15/2022
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM: Premium
TRIA
Surplus Lines Taxes and Fees
Total

MINIMUM EARNED PREMIUM:

COMMISSION:

ADDITIONAL TERMS AND CONDITIONS: Per Carrier Binder

SURPLUS LINES TAX SUMMARY

HOME STATE: Texas

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Texas	Surplus Lines Tax Stamping Fee					
Total Surplus Lines Taxes and Fees						

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Binder from the carrier sets forth the coverage as bound. Please review carefully with your client to ensure the bound coverage matches the terms and conditions of the bind order. It is your responsibility to ensure the bound terms and conditions are accurate and consistent with the agreed bind order terms.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier.

Thank you for your business. We truly appreciate it.

Sincerely,

[Redacted Signature]

On behalf of,

[Redacted Name]

In California: [Redacted Name]

SURPLUS LINES DISCLOSURE

Texas

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462 Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Licensee Name: [Redacted Name]

EXCESS BINDER

08/04/2021

DELIVERED TO:

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

This binder expires in 60 days, or on the date the policy is issued, whichever is earlier (unless extended in writing by AXIS).

COVERAGE IS BOUND PURSUANT TO THE FOLLOWING TERMS AND CONDITIONS:

NAMED INSURED AND ADDRESS	Dakota Access, LLC; Energy Transfer Crude Oil Company, LLC 8111 Westchester Drive, Suite 600 Dallas, TX 75225
ENTITY TYPE	Limited Liability Company
BROKER OF RECORD	[REDACTED] [REDACTED] [REDACTED]

INSURER	[REDACTED] [REDACTED] [REDACTED] [REDACTED]
POLICY FORM	[REDACTED]
POLICY NUMBER	[REDACTED] <i>Renewal of:</i> [REDACTED]
POLICY PERIOD	Effective Date: 08/15/2021 Expiration Date: 08/15/2022 <i>Both dates at 12:01 a.m. at the Named Insured's address stated herein.</i>

BUSINESS DESCRIPTION

Crude Oil Pipeline Operations

TOTAL POLICY PREMIUM

MINIMUM EARNED PREMIUM

(percentage of Total Policy Premium)

**TERRORISM PREMIUM
FOR CERTIFIED ACTS OF TERRORISM**
(included in Total Policy Premium)

SURCHARGE / TAX

(included in Total Policy Premium)

NON ADMITTED PAPER:

This policy is written by a surplus lines insurer. As such, the broker is responsible for determination and collection of any applicable surplus lines taxes, related fees, and/or applicable state-imposed surcharges, invoicing the Insured, and filing in accordance with the applicable state's surplus lines laws and/or regulations.

PREMIUM TYPE

Flat (Except For Acquisitions)

MINIMUM PREMIUM

DEPOSIT PREMIUM

AXIS LIMITS OF INSURANCE

Each Occurrence Limit

\$5,000,000

General Aggregate Limit

\$5,000,000

Products / Completed Operations Aggregate Limit

\$5,000,000

SCHEDULE OF UNDERLYING INSURANCE

PRIMARY (FOLLOWED POLICY)

Coverage Description	General Liability
Insurer	[REDACTED]
Policy Number	TBD
Policy Period	08/15/2021 to 08/15/2022
Coverage Trigger	Occurrence
Claims Expense / Defense Costs	In addition to Limits
Retention	[REDACTED]
Comments	
Limits of Insurance	
Each Occurrence	\$100,000
General Aggregate	\$200,000
Products and Completed Operations Aggregate	\$100,000

PRIMARY (FOLLOWED POLICY)

Coverage Description	Hired Non Owned Automobile Liability
Insurer	[REDACTED]
Policy Number	TBD
Policy Period	08/15/2021 to 08/15/2022
Coverage Trigger	Occurrence
Claims Expense / Defense Costs	In addition to Limits
Retention	[REDACTED]
Comments	(SIR is Each Occurrence)
Limits of Insurance	
Each Occurrence	\$100,000



NOTICES TO INSURER	
<p style="text-align: center;"><i>Send Notice of Claims To:</i></p> <p style="text-align: center;"> </p> <p>Email: </p> <p>Phone (Toll-Free): () </p> <p>Phone: () </p> <p>Fax: () </p>	<p style="text-align: center;"><i>Send All Other Notices And Inquiries To:</i></p> <p style="text-align: center;"> </p> <p>Email: </p> <p>Phone (Toll-Free): () </p> <p>Phone: () </p> <p>Fax: () </p>

SUBJECTIVITIES PRIOR TO POLICY ISSUANCE:

Please provide the following documentation:

- Acceptable (non-layer trap) pricing for all limits above the

If any item requested above is not received, reviewed and accepted by underwriters and acknowledged as such in writing by the above specified date, then this binder and any policy issued will be automatically deemed void ab initio (as if it had never existed) with no effect. The payment of premium or the issuance of any policy shall not serve to waive the above requirements.

Please note that a condition precedent to coverage under this binder is that no material change in the risk occurs and no submission is made to the insurer of a claim or circumstances that might give rise to a claim between the date of this binder and the inception of the policy.

For additional information about products, please visit our website



SCHEDULE OF FORMS & ENDORSEMENTS	
Policyholder Notices and Policy Forms	Form Number and Edition Date
PolicyHolder Notice	██████ 105 0316
Service of Suit	██████ 106 0415
Policyholder Notice - Economic And Trade Sanctions	██████ 906 0316
Texas Notice	██████ TX901 0420
Policyholder Disclosure - Notice of Terrorism Insurance Coverage	TRIA PURCHASE DISCLOSURE 0115
AXIS Excess Insurance Policy	██████ 1010402 0417
Endorsements	Form Number and Edition Date
Terrorism Exclusion With Exception For, Retention Applicable To And Cap On Losses From Certified Acts Of Terrorism	██████ 1011004 0617
Communicable Disease, Contagious Disease or Infectious Disease Exclusion	██████ 1011646 0418
Amendatory Endorsement - Non-Contributory Clause	██████ 1010461 0417
Definitions Added Endorsement	██████ 1010496 0617
Deletion Specified Exclusions Endorsement	██████ 1011065 1117
General Aggregate Limit Endorsement (Per Location)	██████ 1011387 0318

