



Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER
THIS CERTIFICATE DOES NOT AMEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW

NAME AND ADDRESS OF AGENCY If Skadeforsikring Stamholmen 159 DK-2650 Hvidovre Denmark	NAME AND ADDRESS OF INSURED Integrated Gas Controls Technologies Pvt Ltd Plot 84, ALEAP, Ind area, Gujula Ramaram Hyderabad 500 055 500055 TELENGANA INDIA
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COMPANIES AFFORDING COVERAGES

COMPANY LETTER A If Skadeforsikring , danish branch of If P&C Insurance Ltd (publ), danish CVR-no: 2420 3212, Domicile Stockholm Reg.no (FSA):516401-8102.	COMPANY LETTER B
COMPANY LETTER C	COMPANY LETTER D

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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 policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
				EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY					
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY		
	<input type="checkbox"/> PREMISES-OPERATIONS			PROPERTY DAMAGE		
	<input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD			BODILY INJURY AND PROPERTY DAMAGE COMBINED		
	<input type="checkbox"/> UNDERGROUND HAZARD			PERSONAL INJURY		
	<input type="checkbox"/> PRODUCTS - COMPLETED OPERATIONS HAZARD					
	<input type="checkbox"/> CONTRACTUAL INSURANCE					
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input type="checkbox"/> PERSONAL INJURY					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH PERSON)		
	<input type="checkbox"/> OWNED			BODILY INJURY (EACH ACCIDENT)		
	<input type="checkbox"/> HIRED			PROPERTY DAMAGE		
	<input type="checkbox"/> NON-OWNED			BODILY INJURY AND PROPERTY DAMAGE COMBINED		
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM	LP0000038718	31.12.2016	BODILY INJURY AND PROPERTY DAMAGE COMBINED	DKK 10,000	DKK 30,000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION and EMPLOYER'S LIABILITY			STATUTORY		
	OTHER					EACH ACCIDENT

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.	DATE ISSUED: March 29, 2016 _____ Rikke Berlin Rasmussen AUTHORIZED REPRESENTATIVE
<div style="border: 1px solid black; padding: 5px; min-height: 60px;"> NAME AND ADDRESS OF CERTIFICATE HOLDER TO WHOM IT MAY CONCERN </div>	