

RECEIVED

By Alameda County Environmental Health 10:01 am, May 26, 2016



May 16, 2016
Cardno 287202.L03

Islamic Cultural Center of Northern California Inc.
1433 Madison Street
Oakland, California 94612-4314

Cardno

601 N. McDowell Boulevard
Petaluma, CA 94954
USA

Phone: +1 800 382 9105
Fax: +1 707 789 0414
Contractor: #997036

www.cardno.com

**SUBJECT Access Agreement to Advance Three Soil Borings
at 1433 Madison Street, Oakland, California**

To Islamic Cultural Center of Northern California:

At the request of ExxonMobil Environmental Services (EMES), on behalf of ExxonMobil Oil Corporation, Cardno requests authorization to access the Islamic Cultural Center of Northern California Inc. (ICCNC) property at 1433 Madison Street, Oakland, California (008-0628-003), to advance three soil borings as part of the environmental investigation at Former Mobil Service Station 10MHG, located at 160 14th Street, Oakland, California. The work is being directed by Alameda County Environmental Health (ACEH).

Cardno anticipates that it will take two days to complete the borings. The proposed boring locations are situated in the parking lot on the southern side of the property, as shown on the attached Generalized Site Plan. The final placement of the borings may change to avoid conflicts with existing underground utilities. Soil and groundwater generated during investigation activities will be stored in drums pending characterization and disposal.

During site activities, Cardno will need access to your property to perform the following tasks:

- Survey the surrounding area to locate and avoid underground utilities.
- Clear the top 5 feet of the proposed borings using hand tools.
- Perform drilling operations using a limited access drilling rig to advance the proposed borings.
- Refinish the area to match the surrounding surface areas.

Cardno and EMES greatly appreciate your cooperation in this matter. In an effort to avoid disruptions to business operations, Cardno encourages coordinating the actual fieldwork dates and times and fieldwork logistics with either you or the appropriate personnel you designate. Cardno will notify you at least three days prior to drilling. Spaces needed to perform the work will be marked in advance so that they can be left clear.

Cardno has enclosed a copy of its Certificate of Liability Insurance and Contractor License. Insurance certificates naming the ICCNC as additionally insured are also enclosed.

Cardno will copy the ICCNC on correspondence related to the site and will provide two weeks for review and comment of draft reports prior to submittal to the ACEH.

Please sign on the following page if this agreement is acceptable and return the original document to Cardno in the envelope provided.

May 16, 2016
Cardno 287202.L03 Former Mobil Service Station 10MHG, Oakland, California

Please contact Ms. Janice A. Jacobson, Cardno's project manager for this site, at (707) 766-2000 or at janice.jacobson@cardno.com with any questions or comments regarding this access agreement.

Sincerely,



Heidi L. Dieffenbach-Carle
Professional Geologist
for Cardno
707 766 2000
Email: heidi.dieffenbach-carle@cardno.com



Janice A. Jacobson
Senior Project Manager
for Cardno
707 766 2000
Email: janice.jacobson@cardno.com

Enclosures: Generalized Site Plan
Contractor's License
Certificate of Liability Insurance (Cardno)
Certificate of Liability Insurance (ICCNC)

Signatures:



Authorized Representative
Islamic Cultural Center of Northern California

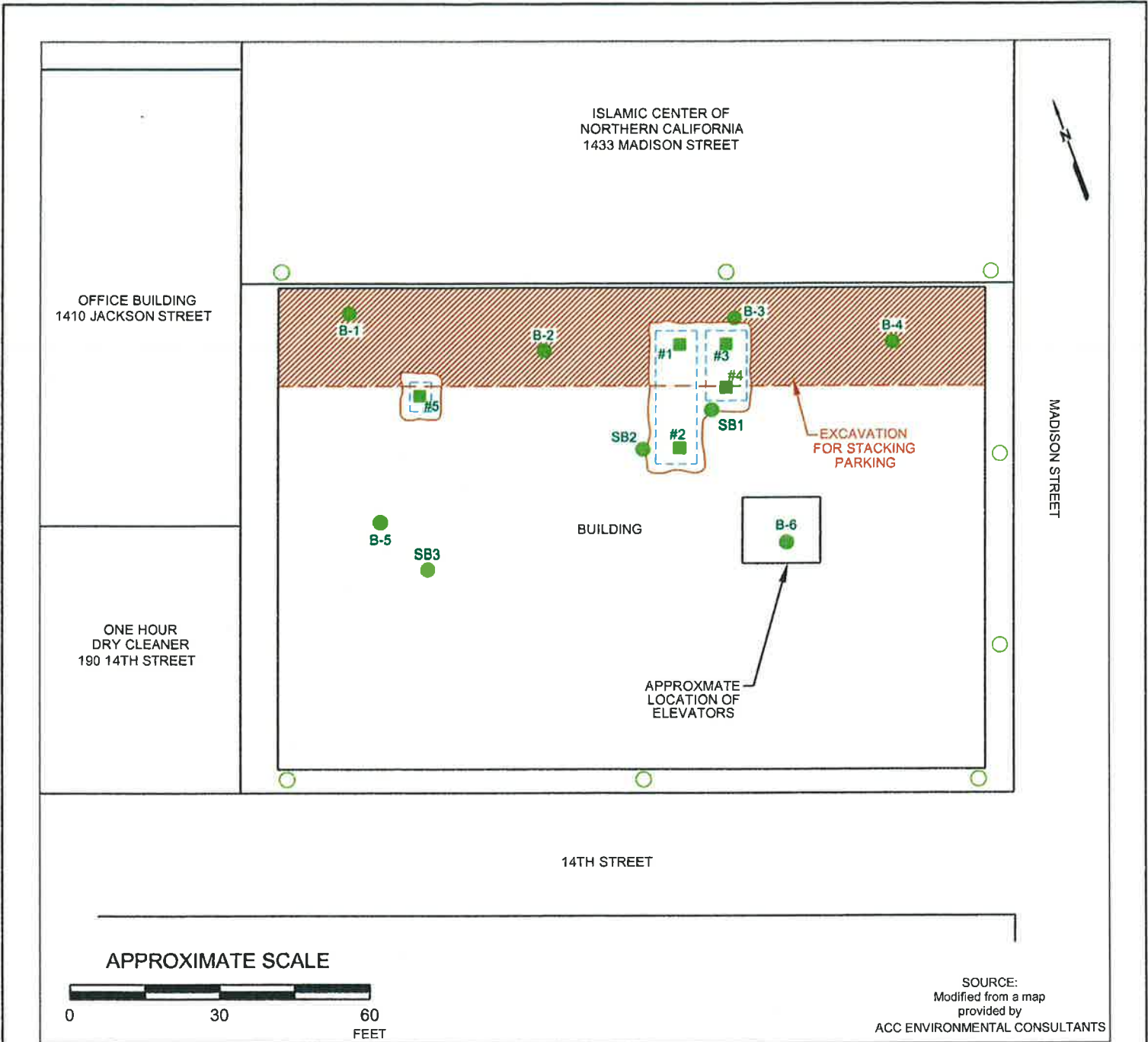
5/18-2016
Date



Mr. James F. Chappell
Principal, Cardno

5-16-16
Date

cc: Ms. Jennifer C. Sedlachek, ExxonMobil Environmental Services Company
Ms. Karel Detterman, Alameda County Environmental Health



FN 28720003 L03

EXPLANATION

- B-6**
- Soil Boring
- Proposed Soil Boring
- #5**
- Excavation Soil Sample
- Former UST



GENERALIZED SITE PLAN

Former Mobil Service Station 10MHG
160 14th Street
Oakland, California

PROJECT NO.
2872

PLATE
1



State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **997036**

Entity **CORP**

Business Name **CARDNO INC**

Classification **C12 A C10 HAZ**

Expiration Date **09/30/2016**

www.cslb.ca.gov



Any change of business address/name must be reported to the Registrar within 90 days

This license is not transferrable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

This pocket card is valid through the expiration date only.

If found, drop in any mailbox
Postage guaranteed by
Contractors State License Board
P O Box 29000, Sacramento CA 95828

Licensee Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/15/2015

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, EXTEND 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 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 Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA | CONTACT NAME: PHONE (A/C. No. Ext): 8662837122 FAX (A/C. No.): (800) 363-0105 | | |
| | E-MAIL ADDRESS: | | |
| INSURED Cardno, Inc. 5415 Sw Westgate Drive Suite 100 Portland OR 97221 USA | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: American Guarantee & Liability Ins Co | | 26247 |
| | INSURER B: Zurich American Ins Co | | 16535 |
| | INSURER C: American Zurich Ins Co | | 40142 |
| | INSURER D: Ironshore Specialty Insurance Company | | 25445 |
| | INSURER E: Lexington Insurance Company | | 19437 |
| INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER: 570059328249** **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. Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|--|-------------------------|-------------------------|---|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | GL0018396100 General Liability | 09/30/2015 | 09/30/2016 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | BAP-0183962-00 Auto (AOS) | 09/30/2015 | 09/30/2016 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION | | | AUC018392700 Umbrella | 09/30/2015 | 09/30/2016 | EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC018396000 WC - AOS WC018415300 WC CERTS ONLY_ (WI) | 09/30/2015 | 09/30/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000 |
| E | Archit&Eng Prof | | | QC1505384 Professional SIR applies per policy terms & conditions | 09/30/2015 | 09/30/2016 | Each Claim \$10,000,000 Aggregate \$10,000,000 SIR \$500,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Cardno Inc. 10004 Park Meadows Drive, Suite 300 Lone Tree CO 80124 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Southwest, Inc.</i> |

Holder Identifier :

Certificate No : 570059328249



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|-------------------------------|--|
| AGENCY Aon Risk Services Southwest, Inc. | | NAMED INSURED Cardno, Inc. | |
| POLICY NUMBER See Certificate Number: 570059328249 | | EFFECTIVE DATE: | |
| CARRIER See Certificate Number: 570059328249 | NAIC CODE | | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------------|-----------|----------|------------------------|------------------------------------|-------------------------------------|------------|--------------|
| | OTHER | | | | | | | |
| D | Poll Legal Liab | | | 002161701 Pollution | 09/30/2015 | 09/30/2016 | occurrence | \$10,000,000 |
| | | | | | | | Aggregate | \$10,000,000 |
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ADDITIONAL REMARKS SCHEDULE

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|---|-----------|-------------------------------|--|
| AGENCY Aon Risk Services Southwest, Inc. | | NAMED INSURED Cardno, Inc. | |
| POLICY NUMBER See Certificate Number: 570059328249 | | | |
| CARRIER See Certificate Number: 570059328249 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

CARDNO NAMED INSUREDS

ATC Group Services, Inc.
 Cardno EM-Assit, Inc.
 Cardno Emerging Markets USA, Ltd.
 Cardno ENTRIX
 Cardno ERI
 Cardno GS, Inc.
 Cardno Haynes Whaley, Inc.
 Cardno JFNew
 Cardno MMA
 Cardno NC, Inc.
 Cardno TBE (AZ)
 Cardno TBE (FL)
 Cardno TBE; TBE Group, Inc.
 Cardno TEC, Inc.
 Cardno USA, Inc.
 Cardno WRG, Inc.
 Cardno WRG, Inc. dba WRG Designs Inc.
 Cardno, Inc (OR)
 Cardno, Inc. (TX)
 Cardno, Inc. (FL)
 Cardno PPI Engineering & Construction, Services LLC., PPI Technology Services, LLC., PPI Quality & Asset Management, LLC., and its Affiliated Companies
 Entrix Inc. dba Cardno Entrix
 Environmental Resolutions, Inc.
 J.F. New & Associates, Inc.
 JFNew
 Marshall Miller & Associates, Inc.
 TBE Group, Inc. (Adden)
 TBE Group, Inc. dba: Cardno TBE
 TBE Group, Inc., Cardno TBE
 TBE Professional Services, PLLC
 WRG North Carolina PLLC
 XP Software Inc.
 TBE Group (Canada) ULC is included as a Named Insured as identified in the insurance Policy referenced on this certificate



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/16/2016

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, EXTEND 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 Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA | CONTACT NAME: PHONE (A/C. No. Ext): 8662837122 FAX (A/C. No.): (800) 363-0105 | | |
| | E-MAIL ADDRESS: | | |
| INSURED Cardno, Inc. 10004 Park Meadows Drive Suite 300 Lone Tree CO 80124 USA | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: American Guarantee & Liability Ins Co | | 26247 |
| | INSURER B: Zurich American Ins Co | | 16535 |
| | INSURER C: Ironshore Specialty Insurance Company | | 25445 |
| | INSURER D: Lexington Insurance Company | | 19437 |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER: 570062088767** **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. Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|--|-------------------------|-------------------------|---|--------------|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GLO018396100 General Liability | 09/30/2015 | 09/30/2016 | EACH OCCURRENCE | \$2,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$10,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> | | | BAP 0183962-00 Auto (AOS) | 09/30/2015 | 09/30/2016 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | AUC018392700 Umbrella | 09/30/2015 | 09/30/2016 | EACH OCCURRENCE | \$10,000,000 |
| | | | | | | | AGGREGATE | \$10,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC018396000 WC - AOS WC018415300 WC - (WT) | 09/30/2015 | 09/30/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| B | | | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | | | | | | | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 |
| | | | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 |
| D | Archit&Eng Prof | | | QC1505384 Professional SIR applies per policy terms & conditions | 09/30/2015 | 09/30/2016 | Each Claim | \$10,000,000 |
| | | | | | | | Aggregate | \$10,000,000 |
| | | | | | | | SIR | \$500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: work to be done at the Islamic Cultural Center of Northern California Inc. (ICCN). Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|---|
| Islamic Cultural Center of Northern California Inc. (ICCN) 1433 Madison Street Oakland CA 94612-4314 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Southwest, Inc.</i> |
|--|---|

Holder Identifier :

Certificate No : 570062088767



ADDITIONAL REMARKS SCHEDULE

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|---|-----------|-------------------------------|--|
| AGENCY Aon Risk Services Southwest, Inc. | | NAMED INSURED Cardno, Inc. | |
| POLICY NUMBER See Certificate Number: 570062088767 | | EFFECTIVE DATE: | |
| CARRIER See Certificate Number: 570062088767 | NAIC CODE | | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------------|-----------|----------|------------------------|------------------------------------|-------------------------------------|------------|--------------|
| | OTHER | | | | | | | |
| C | Env Site Liab | | | 002161701 Pollution | 09/30/2015 | 09/30/2016 | occurrence | \$10,000,000 |
| | | | | | | | Aggregate | \$10,000,000 |
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ADDITIONAL REMARKS SCHEDULE

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|---|-----------|-------------------------------|--|
| AGENCY Aon Risk Services Southwest, Inc. | | NAMED INSURED Cardno, Inc. | |
| POLICY NUMBER See Certificate Number: 570062088767 | | EFFECTIVE DATE: | |
| CARRIER See Certificate Number: 570062088767 | NAIC CODE | | |

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**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

CARDNO NAMED INSUREDS

Cardno EM-Assit, Inc.
 Cardno Emerging Markets USA, Ltd.
 Cardno ENTRIX
 Cardno ERI
 Cardno GS, Inc.
 Cardno Haynes whaley, Inc.
 Cardno JFNew
 Cardno MMA
 Cardno NC, Inc.
 Cardno TBE (AZ)
 Cardno TBE (FL)
 Cardno TBE; TBE Group, Inc.
 Cardno TEC, Inc.
 Cardno USA, Inc.
 Cardno WRG, Inc.
 Cardno WRG, Inc. dba WRG Designs Inc.
 Cardno, Inc (OR)
 Cardno, Inc. (TX)
 Cardno, Inc. (FL)
 Cardno (MI), Inc.
 Cardno PPI Engineering & Construction, Services LLC., PPI Technology Services, LLC., PPI Quality & Asset Management, LLC., and its Affiliated Companies
 Entrix Inc. dba Cardno Entrix
 Environmental Resolutions, Inc.
 J.F. New & Associates, Inc.
 JFNew
 Marshall Miller & Associates, Inc.
 TBE Group, Inc. (Adden)
 TBE Group, Inc. dba: Cardno TBE
 TBE Group, Inc., Cardno TBE
 TBE Professional Services, PLLC
 WRG North Carolina PLLC
 XP Software Inc.
 TBE Group (Canada) ULC is included as a Named Insured as identified in the insurance Policy referenced on this certificate