1	20.12.2023	Issued for Tendering	MV	GH	TC		
Rev. No.	Date	Description	Prepared	Checked	Approved		

נתיבי הגז הטבעי לישראל ISRAEL NATURAL GAS LINES			**Document Title** **Exhibit D** **Insurance Certificate of PRMS**					
Company Representative :	Ms. Shosh Yaacoby		Area Code: **GEN**					
Reference :					Document-No.			Rev.
Purchase Order No.								
Contractor					468923			**1**
Document Originator	Jacob Flex							

Exhibit D - Insurance Certificate

To:

Israel Natural Gas Lines Company Ltd. (the "**Company**")

Re: Agreement for the Design, Supply and Execution of PRMS ("the Project"), by the _____(the "Contractor"), dated_____(the "Agreement")

Insurance Certificate – Construction Insurance	Date of Insurance Certificate Signature (DD/MM/YYYY)

This Insurance Certificate is evidence that the Insured has an insurance policy in effect, in accordance with the information specified therein. The information detailed in this Insurance Certificate does not include the entirety of the policy conditions and exclusions. Nevertheless, in case of a contradiction between the terms specified in this Insurance Certificate and the terms that appear in the insurance policy, the terms stated in the insurance policy shall prevail, other than where the terms of this Insurance Certificate are to the benefit of the Certificate Holder.

Certificate Holder	Others related to the Certificate holder and will be considered as the Certificate holder*	The Insured	Address of Insured Property / Address of Construction Site	The Certificate holder status*
Name INGL, the state of Israel, shareholders, directors, officers and employees and those acting on their behalf		Name Contractors and subcontractors		☐ Contractor ☐ Subcontractors ☐ Lessor ☐ Other:
I.D No./ Company No.	I.D No./ Company No.	I.D No./ Company No.		

Address	Relationship to the main Certificate holder: parent company / subsidiary /sister/affiliated/associated co. &/or part of a group	Address		

Coverages								
Type of Policy	Policy Number	Policy wording and edition	Starting date	Expiration date	Limit of liability/ Sum Insured		Currency	Additional Coverages in effect and cancellation of exclusions a code has to be specified in accordance with Annex D (**נספח ד**)
					Any one occurrence*	For the period		
All Risk Insurance					Full Value			309, 313, 314, 316, 328
Professional Liability					2,000,000		$	301, 303, 304, 309, 321, 325, 326, 327, 328, 332 (12 months)
Product Liability					4,000,000		$	302, 304, 309, 321, 328, 332 (12

								months)
Employers Liability					5,000,000		$	309, 318, 328 , 334 (12 months), 344, 350

Description of Services (subject, to the services specified in the agreement between the Insured and the Certificate Holder, a code has to be specified in accordance with the detailed list in Annex C:
009 – Construction – Large Scale Construction Works, 069 Civil engineering contractors (including infrastructures)

Certificate Signature
Signed by insurer (name and stamp)