



CBMINER-01

BMEASE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2017

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 License # 0757776 HUB International Insurance Services (COL) 2742 Crossroads Blvd Grand Junction, CO 81506	CONTACT NAME: Betsy Mease PHONE (A/C, No, Ext): (303) 382-5177 FAX (A/C, No): (866) 243-0727 E-MAIL ADDRESS: betsy.mease@hubinternational.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Employers Mutual Casualty Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED CB Minerals Company, LLC c/o Angela Poulton 8717 Delgany Ave #215 Playa Del Rey, CA 90293	NAIC # 21415

## COVERAGES

## CERTIFICATE NUMBER:

## 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		1D1528618	07/12/2017	07/12/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Project: DMG Permit #C84065 Coal Ridge No 1 Mine, East of New Castle CO., South of River.

State of Colorado Division of Minerals and Geology and NCIG Financial Inc are additional insureds for General Liability

## CERTIFICATE HOLDER

## CANCELLATION

State of Colorado Division of Minerals and Geology 1313 Sherman St., Room 215 Denver, CO 80203-2273	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 
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EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 1D1-52-86---18

C.B. MINERALS COMPANY LLC

EFF DATE: 07/12/17

EXP DATE: 07/12/18

GENERAL LIABILITY POLICY  
DECLARATIONS

## =====

## ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CG0001	04-13	COMMERCIAL GEN LIABILITY COV FORM	
CG0300	01-96	DEDUCTIBLE LIABILITY INSURANCE	
		APPLICATION OF ENDORSEMENT (LIMITATIONS):	
		\$500 DEDUCTIBLE APPLIES TO PD PER OCCUR	
CG2106	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
CG2146	07-98	EXCL-ABUSE OR MOLESTATION	
CG2147	12-07	EXCL-EMPLOYMENT RELATED PRACTICES	
CG2150	04-13	AMENDMENT/LIQUOR LIABILITY EXCLUSION	
CG2167	12-04	FUNGI OR BACTERIA EXCLUSION	
CG2170	01-15	CAP/LOSSES FROM CERT ACTS/TERRORISM	
CG2176	01-15	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CG2294	10-01	EXCL-DMG TO WORK PERFORMED BY SUB	
CG7001A	10-12	GENERAL LIABILITY SCHEDULE	
CG7003	10-13	GL QUICK REFERENCE (OCCURRENCE)	
CG7191	08-14	GENERAL LIAB ESSENTIAL EXTENSION	
CG7422	08-00	EXCL INJ/DAMAGE FROM EARTH MOVEMENT	
CG7480	10-13	AI-OWN, LESSEE, CONTRACTOR-VICAR LIAB	
		NAME:	
		STATE OF COLORADO DIVISION OF	
		MINERALS AND GEOLOGY	
		1313 SHERMAN ST, ROOM 215	
		PROJECT ADDRESS:	
		COAL RIDGE NO 1 MINE SOUTH OF	
		THE RIVER EAST OF NORTH EAST	
		CASTLE, CO 81647	
		NAME:	
		NCIG FINANCIAL, INC.	
		PO BOX 5460	
		PLAYA DEL REY CA 90296	
		PROJECT ADDRESS:	
		COAL RIDGE NO 1 MINE SOUTH OF	
		THE RIVER EAST OF NORTH EAST	
		CASTLE, CO 81647	
CG7501	10-13	AI-DESIG PERSON/ORGAN-VICAR LIAB	
		NAME/CONCESSIONAIRES/JOB TITLES/	
		POLITICAL ENTITY/ASSOC. OR ORG./ETC.	
		NCIG FINANCIAL, INC.	
		PO BOX 1827	
		PEBBLE BEACH CA 93953	
		STATE OF COLORADO DIVISION OF	
		MINERALS AND GEOLOGY	
		1313 SHERMAN ST, ROOM 215	
IL0021	09-08	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
IL0125	11-13	COLORADO CHANGES - CIVIL UNION	

DATE OF ISSUE: 05/04/17

(CONTINUED)

FORM: IL7131A (ED. 04-01)

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1D15286 1801



EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 1D1-52-86---18

C.B. MINERALS COMPANY LLC

EFF DATE: 07/12/17

EXP DATE: 07/12/18

GENERAL LIABILITY POLICY  
DECLARATIONS

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## ENDORSEMENT SCHEDULE

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CG2147	12-07	EXCL-EMPLOYMENT RELATED PRACTICES	
CG2150	04-13	AMENDMENT/LIQUOR LIABILITY EXCLUSION	
CG2167	12-04	FUNGI OR BACTERIA EXCLUSION	
CG2170	01-15	CAP/LOSSES FROM CERT ACTS/TERRORISM	
CG2176	01-15	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CG2294	10-01	EXCL-DMG TO WORK PERFORMED BY SUB	
CG7001A	10-12	GENERAL LIABILITY SCHEDULE	
CG7003	10-13	GL QUICK REFERENCE (OCCURRENCE)	
CG7191	08-14	GENERAL LIAB ESSENTIAL EXTENSION	
CG7422	08-00	EXCL INJ/DAMAGE FROM EARTH MOVEMENT	
CG7480	10-13	AI-OWN, LESSEE, CONTRACTOR-VICAR LIAB	
		NAME:	
		STATE OF COLORADO DIVISION OF	
		MINERALS AND GEOLOGY	
		1313 SHERMAN ST, ROOM 215	
		PROJECT ADDRESS:	
		COAL RIDGE NO 1 MINE SOUTH OF	
		THE RIVER EAST OF NORTH EAST	
		CASTLE, CO 81647	
		NAME:	
		NCIG FINANCIAL, INC.	
		PO BOX 5460	
		PLAYA DEL REY CA 90296	
		PROJECT ADDRESS:	
		COAL RIDGE NO 1 MINE SOUTH OF	
		THE RIVER EAST OF NORTH EAST	
		CASTLE, CO 81647	
CG7501	10-13	AI-DESIG PERSON/ORGAN-VICAR LIAB	
		NAME/CONCESSIONAIRES/JOB TITLES/	
		POLITICAL ENTITY/ASSOC. OR ORG./ETC.	
		NCIG FINANCIAL, INC.	
		PO BOX 1827	
		PEBBLE BEACH CA 93953	
		STATE OF COLORADO DIVISION OF	
		MINERALS AND GEOLOGY	
		1313 SHERMAN ST, ROOM 215	
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DATE OF ISSUE: 05/04/17

(CONTINUED)

FORM: IL7131A (ED. 04-01)

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1D15286 1801

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION – VICARIOUS LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

**B.** This insurance does not apply to any “bodily injury”, “property damage” or “personal and advertising injury” resulting from any act or omission by, or willful misconduct of the additional insured shown in the Schedule, whether the sole or a contributing cause of the loss. The coverage afforded to the additional insured is limited solely to the additional insured’s “vicarious liability” that is a specific and direct result of your conduct.

“Vicarious liability” as used in this endorsement means liability that is imposed on the additional insured solely by virtue of its relationship with you, and not due to any act or omission of the additional insured.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION – VICARIOUS LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

**Location(s) Of Covered Operations:**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location designated above.

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. “Bodily injury”, “property damage” or “personal and advertising injury” resulting from any act or omission by, or willful misconduct of the additional insured(s) shown in the Schedule, whether the sole or a contributing cause of the loss. The coverage afforded to the additional insured(s) is limited solely to the additional insured’s “vicarious liability” that is a specific and direct result of your conduct.

“Vicarious liability” as used in this endorsement means liability that is imposed on the additional insured solely by virtue of its relationship with you, and not due to any act or omission of the additional insured(s).

**2.** This insurance does not apply to “bodily injury” or “property damage” occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C.** With respect to the insurance afforded to this additional insured, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.