



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 APPLS 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	
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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



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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.