



MINRINC-01

BMEASE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/2018

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 | NAIC # |
| | INSURER A : Employers Mutual Casualty Company | 21415 |
| INSURED Minrec Inc 627 24 1/2 Rd Unit H Grand Junction, CO 81505 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

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 | 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 | X | 3X64904 | 09/01/2018 | 09/01/2019 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 |
| | | | | | | | MED EXP (Any one person) \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 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) \$ |
| | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | |
| | 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)

Re: North Thompson Creek Mines, DRMS Permit C-1981-025. State of Colorado, Division of Reclamation Mining & Safety is included as an Additional Insured. 30 days notice of cancellation is provided.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| State of Colorado Division of Reclamation Mining & Safety 1313 Sherman St, Rm #215 Denver, CO 80203 | 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 |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE
OR GOVERNMENTAL AGENCY OR SUBDIVISION
OR POLITICAL SUBDIVISION – PERMITS
OR AUTHORIZATIONS RELATING TO PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

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 any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent or control and to which this insurance applies:

1. The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
2. The construction, erection or removal of elevators; or
3. The ownership, maintenance or use of any elevators covered by this insurance.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. 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 – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

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 any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

- B. 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.



EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 3D6-49-04---19

MINREC, INC.

EFF DATE: 09/01/18

EXP DATE: 09/01/19

GENERAL LIABILITY POLICY
DECLARATIONS

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ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|---------|-----------------|---|---------|
| CG0001 | 04-13 | COMMERCIAL GEN LIABILITY COV FORM | |
| CG2011 | 04-13 | AI-MANAGERS OR LESSORS OF PREMISES NAME: S & B HOLDING LLC 627 24 1/2 RD STE H GRAND JUNCTION CO 81505 | |
| CG2012 | 04-13 | AI-STATE/GOVT AGCY/SUBD/POLIT SUBD/T NAME/CONCESSIONAIRES/JOB TITLES/ POLITICAL ENTITY/ASSOC. OR ORG./ETC. STATE OF COLORADO DIVISION OF 1313 SHERMAN ST 215 DENVER CO 80203 | |
| CG2013 | 04-13 | AI-STATE/GOVT/SUBD/POLIT SUBD/AUTHOR NAME/CONCESSIONAIRES/JOB TITLES/ POLITICAL ENTITY/ASSOC. OR ORG./ETC. STATE OF COLORADO DIVISION OF 1313 SHERMAN ST 215 DENVER CO 80203 | |
| CG2028 | 04-13 | AI-LESSOR OF LEASED EQUIPMENT NAME/CONCESSIONAIRES/JOB TITLES/ POLITICAL ENTITY/ASSOC. OR ORG./ETC. WAGNER EQUIPMENT/WAGNER RENTS 18000 SMITH RD AURORA CO 80011 | |
| CG2106 | 05-14 | EXCL-ACCESS/DISCL OF CONFID/PERSONAL | |
| CG2144 | 04-17 | LIMITATION COV DESIG PREMISES/PROJEC PREMISES/PROJECT: 627 24 1/2 RD, UNIT I GRAND JUNCTION, CO 81505 | |
| CG2146 | 07-98 | EXCL-ABUSE OR MOLESTATION | |
| CG2147 | 12-07 | EXCL-EMPLOYMENT RELATED PRACTICES | |
| CG2150 | 04-13 | AMENDMENT/LIQUOR LIABILITY EXCLUSION | |
| CG2154 | 01-96 | EXCL-OPER COV BY CONSLDATED INS PROG DESCRIPTION AND LOCATION OF OPERATION(S): ----- ANY AND ALL CONSOLIDATED (WRAP UP) INSURANCE PROGRAM OPERATIONS | |
| 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) | |
| CG7422 | 08-00 | EXCL INJ/DAMAGE FROM EARTH MOVEMENT | |
| *CG7578 | 06-17 | GENERAL LIABILITY ELITE EXTENSION | |
| IL0021 | 09-08 | NUCLEAR ENERGY LIAB EXCL/BROAD FORM | |

DATE OF ISSUE: 07/17/18

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FORM: IL7131A (ED. 04-01)

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EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 3D6-49-04---19

MINREC, INC.

EFF DATE: 09/01/18

EXP DATE: 09/01/19

GENERAL LIABILITY POLICY
DECLARATIONS

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ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|-----------|-----------------|--|---------|
| IL0125 | 11-13 | COLORADO CHANGES - CIVIL UNION | |
| IL0228 | 09-07 | CO CHANGES - CANCELLATION/NONRENEWAL | |
| IL7028 | 05-15 | ASBESTOS EXCLUSION | |
| *IL7131A | 04-01 | COMM'L POLICY ENDORSEMENT SCHEDULE | |
| IL7338 | 05-15 | NOTICE OF CANC PROV BY US DESIGNATED NAME OF ENTITY: E: STATE OF COLORADO DIVISION OF RECLAMATION MINING AND SAFETY MAILING ADDRESS: 1313 SHERMAN ST., RM 215 NUMBER OF DAYS NOTICE: 30 | |
| IL7602 | 04-16 | COLORADO COMPANY ELIMINATION | |
| *IL8021 | 04-88 | ASBESTOS NOTICE | |
| IL8383.2A | 01-15 | DISCL PURSUANT TERRSM RISK INS. ACT | \$ 8 |
| IL8384A | 01-08 | TERRORISM NOTICE | |
| *IL8576 | 09-09 | MEDICARE IMPT NOTICE TO POLICYHOLDER | |
| IL8745 | 03-17 | IMPORTANT NOTICE TO POLICYHOLDERS | |

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