



CBMINER-01

DCOOPER2

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/20/2020

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).

<b>PRODUCER</b> License # 0757776 <b>HUB International Insurance Services (COL)</b> 2742 Crossroads Blvd Grand Junction, CO 81506	<b>CONTACT NAME:</b> WAH. Deborah Cooper	
	<b>PHONE (A/C, No, Ext):</b> (720) 207-2372	<b>FAX (A/C, No):</b> (866) 243-0727
	<b>E-MAIL ADDRESS:</b> WAH. Deborah.Cooper@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A :</b> EMC Property & Casualty	<b>25186</b>
<b>INSURED</b>  <b>CB Minerals Company, LLC</b> <b>c/o Angela Poulton</b> <b>8717 Delgany Ave #215</b> <b>Playa Del Rey, CA 90293</b>	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## 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	<b>COMMERCIAL GENERAL LIABILITY</b>  <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		1X15286	7/12/2020	7/12/2021	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b>  <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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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

<b>State of Colorado</b> <b>Division of Minerals and Geology</b> <b>1313 Sherman St., Room 215</b> <b>Denver, CO 80203-2273</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 



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EMPLOYERS MUTUAL CASUALTY COMPANY  
C.B. MINERALS COMPANY LLC

POLICY NO: 1D1-52-86---21  
EFF DATE: 07/12/20 EXP DATE: 07/12/21

C H A N G E E N D O R S E M E N T  
C O N T I N U E D

COAL RIDGE NO 1 MINE SOUTH OF THE RIVER EAST OF NORTH EAST CATLE CO 81647

AI- DESIGNATED PERSON OR ORGANIZATION (CG2026) FOR THE FOLLOWING:

STATE OF COLORADO DIVISION OF MINERALS AND GEOLOGY  
1313 SHERMAN ST #215  
DENVER CO 80203

NCIG FINANICAL, INC.  
PO BOX 1827  
PEBBLE BEACH CA 90296

IT IS FURTHER AGREED THAT FORMS CG2010 AND CG2026 ARE HEREBY MADE A PART OF  
THE POLICY

FORMS APPLICABLE:

CG0001(04/13), CG0300(01/96), CG2010(04/13)\*, CG2026(04/13)\*,  
CG2106(05/14), CG2146(07/98), CG2147(12/07), CG2150(04/13),  
CG2167(12/04), CG2170(01/15), CG2176(01/15), CG2294(10/01),  
CG7001A(10/12), CG7003(10/13), CG7191(08/14), CG7422(08/00),  
CG8081(04/06), IL0021(09/08), IL0125(11/13), IL0228(09/07),  
IL7028(05/15), IL7131A(04/01)\*, IL7602(04/16), IL8021(04/88),  
IL8383.5A(01/20), IL8384A(01/08), IL8576(10/17)

REFER TO PRIOR DISTRIBUTION(S) FOR ANY FORMS NOT ATTACHED

PLACE OF ISSUE: GREENWOOD VILLAGE, CO

DATE OF ISSUE: 05/15/20

COUNTERSIGNED BY:

FORM: IL1201A (ED. 01-86)

203

SB

1D15286 2102



EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 1D1-52-86---21

C.B. MINERALS COMPANY LLC

EFF DATE: 07/12/20

EXP DATE: 07/12/21

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	
*CG2010	04-13	AI-OWNERS, LESSEES OR CONTRACTORS.. NAME: STATE OF CO DIV OF MIN & GEOL 1313 SHERMAN ST 215 DENVER CO 80203 PREM/OPS ADDRESS: COAL RIDGE NO 1 NINE SOUTH OF THE RIVER EAST OF NORTH EAST CASTLE, CO 81647  NAME: NCIG FINANCIAL, INC. PO BOX 5460 PLAYA DEL REY CA 90296 PREM/OPS ADDRESS: COAL RIDGE NO 1 MINE SOUTH OF THE RIVER EAST OF NORTH EAST CASTLE, CO 81647	
*CG2026	04-13	AI-DESIGNATED PERSON OR ORGANIZATION NAME/CONCESSIONAIRES/JOB TITLES/ POLITICAL ENTITY/ASSOC. OR ORG./ETC. STATE OF CO DIV OF MIN & GEOL 1313 SHERMAN ST 215 DENVER CO 80203  NCIG FINANCIAL, INC. PO BOX 1827 PEBBLE BEACH CA 93953	
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	
CG8081	04-06	FUNGI/BACTERIA NOTICE TO POLICYHOLDR	
IL0021	09-08	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	

DATE OF ISSUE: 05/15/20

(CONTINUED)

FORM: IL7131A (ED. 04-01)

203

SB

1D15286 2102

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**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 or in part, 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(s) designated above.

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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. 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
2. 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 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 – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **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 or in part, 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:

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.