

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>USI Insurance Services, LLC<br>220 Lexington Green Circle<br>Suite 410<br>Lexington, KY 40503 |        | <b>CONTACT NAME:</b> Joyce Denton<br><b>PHONE (A/C, No, Ext):</b> 8593716919<br><b>E-MAIL ADDRESS:</b> joyce.denton@usi.com<br><b>FAX (A/C, No):</b> 8593176939  |  |                               |        |  |       |   |       |  |       |             |  |             |  |             |  |
|--|--------|--|--|-------------------------------|--------|--|-------|---|-------|--|-------|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>ARC McClane Canyon, LLC<br>86900 Sinfield Road<br>Hopedale, OH 43976                           |        | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Imperium Insurance Company</td> <td>35408</td> </tr> <tr> <td>INSURER B : Great Midwest Insurance Company</td> <td>18694</td> </tr> <tr> <td>INSURER C : Kentucky Employers' Mutual Insurance</td> <td>10320</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Imperium Insurance Company | 35408 | INSURER B : Great Midwest Insurance Company | 18694 | INSURER C : Kentucky Employers' Mutual Insurance | 10320 | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC # |  |  |                               |        |  |       |   |       |  |       |             |  |             |  |             |  |
| INSURER A : Imperium Insurance Company   | 35408  |  |  |                               |        |  |       |   |       |  |       |             |  |             |  |             |  |
| INSURER B : Great Midwest Insurance Company  | 18694  |  |  |                               |        |  |       |   |       |  |       |             |  |             |  |             |  |
| INSURER C : Kentucky Employers' Mutual Insurance   | 10320  |  |  |                               |        |  |       |   |       |  |       |             |  |             |  |             |  |
| 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 INSR | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> BI/PP Ded:10000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | MNGIICGL0000231  | 06/02/2020              | 06/02/2021              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | MNGIICCA0000162  | 06/02/2020              | 06/02/2021              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE<br>DED \$ RETENTION \$   |           |          | MNGIICCX0000137  | 06/02/2020              | 06/02/2021              | EACH OCCURRENCE \$5,000,000<br>AGGREGATE \$5,000,000<br>\$   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      | MNGIIC0000076901 | 07/31/2020              | 07/31/2021              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                                   |
| A        | Equipment FI  |           |          | NGIICIM0000100   | 06/02/2020              | 06/02/2021              | 5/item \$2,500 Min deduc   |

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

## \*\* Workers Comp Information \*\*

Proprietors/Partners/Executive Officers/Members Excluded:

Ricky Kirk, President

Jerry Wells, Vice President

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

Colorado Division of  
 Reclamation, Mining, and Safety  
 Dept of  
 1313 Sherman St Room 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



## DESCRIPTIONS (Continued from Page 1)

C 294213 Eff Date: 04/01/2020 Exp Date: 04/01/2021

WC Each Accident Limit: \$1,000,000

WC Policy Limit: \$1,000,000

WC Each Employee Limit: \$1,000,000