

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/03/2022

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

PRODUCER				CONTA NAME:	СТ					
Marsh USA Inc. 525 Vine Street, Suite 900 Cincinnati, OH 45202					PHONE FAX					
					(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
				ADDRE		HDED(S) AEEOE	RDING COVERAGE		NAIC#	
CN115425941GAX-22-23					INSURER A : Houston Specialty Insurance Company				12936	
Wolverine Fuels, LLC Attn: Marc Maglione, Chief Financial Officer 9815 South Monroe Street, Suite 203					INSURER B : Imperium Insurance Company				35408	
					R C : James Rive	***************************************			12203	
					RD: N/A	i liisurance con	ірапу		N/A	
Sandy, UT 84070					RE: N/A				N/A	
					INSURER F:				7471	
OVERAGES CERTIFICATE NUMBER:					CLE-006879673-03 REVISION NUMBER: 3					
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF I EQUIF PERT POLIC	NSUF REME AIN, CIES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION O THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	OF AN'	Y CONTRACT THE POLICIES REDUCED BY F	THE INSURE OR OTHER I DESCRIBEI PAID CLAIMS.	ED NAMED ABOVE FOR TO DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY			MNG-HS-GL-0000018-00		05/01/2022	05/01/2023	EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
X POLICY PRO- DECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
B AUTOMOBILE LIABILITY			MNG-IIC-CA-0000107-02		05/01/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
X ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
							, , , , , , , , , , , , , , , , , , , ,	\$		
A UMBRELLA LIAB X OCCUR			MNG-HS-CX-0000003-02		05/01/2022	05/01/2023	EACH OCCURRENCE	\$	5,000,000	
X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000	
C DED RETENTION\$			00130439-0		05/01/2022	05/01/2023	Ea Occ/Agg, xs \$5M	\$	5,000,000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						00150	PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICRE: Bowie #2 Mine Permit #C1996083 and Bowie #1 Minuse of explosives.						space is require	ed)			
			100000		1		A	vanesae.		
CERTIFICATE HOLDER			·	CANC	ELLATION	W.A.				
State of Colorado Department of Natural Resource Div of Minerals & Geology 1313 Sherman St, Room 215					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Denver, CO 80230			1	00.000000000000000000000000000000000000	RIZED REPREŞEN					

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