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| รเ | JBR | OGATION IS WAI | VE | D, subject to | the | term | FIONAL INSURED, the po is and conditions of the p te holder in lieu of such o | policy, o endorse | certain polic ement(s). | | | | |
| PROD | | | | | | | | CONTAC NAME: | т | | | | |
| | | k Services Sout TX Office | thw | est, Inc. | | | | PHONE (A/C. No. | (000) | 283-7122 | FAX (A/C. No.): (800 |) 363-01 | .05 |
| 5555 Suit | Sa e 1 | n Felipe .500 | | | | | | E-MAIL ADDRES | | | (reine). | | |
| Hous | ton | i TX 77056 USA | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # |
| INSURED | | | | | INSURE | RA: Imper | rium Insura | nce Company | | 35408 | | | |
| | | rgy, LLC | | | | | | INSUREF | яв: Rockv | vood Casual | ty Ins Co | | 35505 |
| 6473 County Road 120 Hesperus CO 81326 USA | | | | INSURER C: | | | | | | | | | |
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| | | AGES | | - | - | | NUMBER: 5700890415 | | | | EVISION NUMBER: | | |
| | | TED. NOTWITHST | ANE | DING ANY REG | QUIRI PERTA I POLI | emen Ain, t Icies. | ANCE LISTED BELOW HAV IT, TERM OR CONDITION (THE INSURANCE AFFORD . LIMITS SHOWN MAY HAV | OF ANY | CONTRACT | or other e S describe Y paid claim | OCUMENT WITH RESP | ECT TO TO ALL | WHICH THIS |
| INSR LTR | | TYPE OF INSU | URA | NCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIM | | • |
| A | Х | COMMERCIAL GENER | AL L | .IABILITY | | | MNGIICGL000038601 | | 09/01/2021 | 09/01/2022 | EACH OCCURRENCE | | \$1,000,000 |
| | | CLAIMS-MADE | Х | OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | \$100,000 |
| | | (| | 1 | | | | | | | MED EXP (Any one person) | | \$5,000 |
| | | | | | | | | | | | PERSONAL & ADV INJURY | | \$1,000,000 |
| | GEN | LAGGREGATE LIMIT A | ١PPL | IES PER: | | | | | | | GENERAL AGGREGATE | | \$2,000,000 |
| | Х | POLICY PRO- JECT | | LOC | | | | | | | PRODUCTS - COMP/OP AGG | | \$2,000,000 |
| | | OTHER: | | | | | | | | | | | |
| Α | AUT | OMOBILE LIABILITY | | | | | MNG-IIC-CA-0000251-02 | 1 | 09/01/2021 | 09/01/2022 | COMBINED SINGLE LIMIT (Ea accident) | | \$1,000,000 |
| | Х | ANY AUTO | | | | | | | | | BODILY INJURY (Per person) | | |
| | | OWNED | | HEDULED TOS | | | | | | | BODILY INJURY (Per accident) | | |
| | | AUTOS ONLY HIRED AUTOS | NO | N-OWNED | | | | | | | PROPERTY DAMAGE (Per accident) | | |
| | | ONLY | AU" | TOS ONLY | | | | | | | | | |
| A | \neg | UMBRELLA LIAB | х | OCCUR | | | MNGIICCX000021101 | | 09/01/2021 | 09/01/2022 | EACH OCCURRENCE | | \$10,000,000 |
| | Y | EXCESSION | | | | | | | | | AGGREGATE | | \$10,000,000 |

Certificate No: 570089041553

Holder Identifier

| A EACESS LIAD CLAIMS-MADE | | +=-,, |
|---|--|------------------------------|
| DED RETENTION | | |
| WORKERS COMPENSATION AND WC697327 | 09/01/2021 09/01/2022 X PER STA | TUTE OTH- ER |
| ANY PROPRIETOR / PARTNER / EXECUTIVE | E.L. EACH AC | |
| (Mandatory in NH) | E.L. DISEASE | EA EMPLOYEE \$1,000,000 |
| If yes, describe under DESCRIPTION OF OPERATIONS below | E.L. DISEASE | POLICY LIMIT \$1,000,000 |
| | | |
| | | ty is included as Additional |
| L I I SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Re | marka Sahadula, may ba attachad if mara anaca ia raquirad) | |
| RTIFICATE HOLDER | CANCELLATION | |
| | | |
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIV POLICY PROVISIONS. | |
| Colorado Division of Reclamation, Mining & Safety | AUTHORIZED REPRESENTATIVE | |
| 1313 Sherman Street, Room 215 Denver CO 80203 USA | An Piel Sing G | , e , ¢ |

Colorado Division of Reclamation, Mining & Safety 1313 Sherman Street, Room 215 Denver CO 80203 USA

Aon Risk Services Southwest Inc.

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| | | AGENCY CUSTOMER ID: LOC #: | 10529717 | |
|--|------------------------|----------------------------------|----------|-------------|
| ACORD [®] ADDITIONA | L REM | IARKS SCHEDU | JLE | Page _ of . |
| AGENCY Aon Risk Services Southwest, Inc. | | NAMED INSURED GCC Energy, LLC | | |
| POLICY NUMBER See Certificate Number: 570089041553 | | | | |
| CARRIER See Certificate Number: 570089041553 | NAIC CODE | EFFECTIVE DATE: | | |
| ADDITIONAL REMARKS | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE T FORM NUMBER: ACORD 25 FORM TITLE: Certifi | | | | |
| | Adde | | | |
| Excess Layer Participants | | | | |
| Policy Number: 001066121 Writing Company: James River Insurance Comp Policy Term: 9/01/21 - 9/01/2022 Limits: \$5,000,000 - Each Occurrence/Aggreg Participation 1st Layer: \$5,000,000 xs \$10, | any Jate 000,000 | | | |
| Policy Number: 080877937 Writing Company: Lexington Insurance Compan Policy Term: 9/01/21 - 9/01/2022 Limits: \$5,000,000 - Each Occurrence/Aggreg Participation 2nd Layer: \$5,000,000 xs \$15, | y Jate 000,000 | | | |
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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/01/2021

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

| Workers Solutivest, Inc. Mick Services Solutivest, Inc. Mick No. Mick No. <th>INVEST, InC. PHONE, No. Ext;: (866) 283-7122 IAX. No.;: (800) 363-0105 INSURER(S, M.Ext;: (866) 283-7122 IAX. No.;: (800) 363-0105 EADL INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Imperium Insurance Company 35408 INSURER B: Insurance Company 35405 INSURER B: Imperium Insurance Company 35405 INSURER B: Imperium Insurance Company 35406 INSURER B: Imperium Insurance Company 35406 INSURER B: Imputer B: Imputer B: INSURER B: Imputer B: Imputer B: INSURER P: Imputer B: Imputer B: INSURER P: Imputer B: Imputer B: IDD OF SUCH POLICES. LINTS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOING ANY RECUES. INIT'S SHOWN MAY HAVE BEEN REDUCED BS SCHEBEN HEREIN IS SUBJECT ON ALL INT'S SUBJECT TO ALL THE TERMS. ILIABILITY MARCI CLUCES. LINT'S SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS. 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Important X (76) (800) 363-0105 Outston TX (7056 USA INSURER(S) AFFORDING COVERAGE NAUC # Outston TX (7056 USA INSURER(S) AFFORDING COVERAGE NAUC # SIRPED Insurers Insurers Status CCC Energy, LLC AT Commerce Company 35408 CCC Energy, LLC Insurers Insurers Insurers AT COMPACES CERTIFICATE NUMBER: 57008904 HAVE BEEN ISSUED TO THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THAT THE POLICY PERIOD Insurers INSURER E: Insurers Insurers Insurers INSURER IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THAC TO A OTHER DOLLINGE DOLLINGEN THE RESPECT TO ALL THE TERMS, LEXING AND CANDIDIES INTERMENT, TERMS ISONON NAW THAVE BEEN ISSUED TO THACT OR OTHER DOLLINGES DECOMPORED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, LEXING AND CONDITIONS OF SUCH POLICIES. LIMTS SHOWN NAW THAVE BEEN ISSUED TO THACT OR OTHER TO REVIEW TO ALL THE TERMS, LEXING AND CONDITIONS OF SUCH POLICIES. 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No.;: (800) 363-0105 EADL INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Imperium Insurance Company 35408 INSURER B: Insurance Company 35405 INSURER B: Imperium Insurance Company 35405 INSURER B: Imperium Insurance Company 35406 INSURER B: Imperium Insurance Company 35406 INSURER B: Imputer B: Imputer B: INSURER B: Imputer B: Imputer B: INSURER P: Imputer B: Imputer B: INSURER P: Imputer B: Imputer B: IDD OF SUCH POLICES. LINTS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NOING ANY RECUES. INIT'S SHOWN MAY HAVE BEEN REDUCED BS SCHEBEN HEREIN IS SUBJECT ON ALL INT'S SUBJECT TO ALL THE TERMS. ILIABILITY MARCI CLUCES. LINT'S SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS. Illintis shown are as requested ILIABILITY MARCI CLOUD0038601 09/01/2021 09/01/2022 EACH OCCUMENCE \$1,000,000 ILIABILITY MARCI CCA-0000251-01 09/01/2021 09/01/2022 COMENTER COMPORED SIGNO,000 Im | On K15K SerVices Solutivest, Inc. 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| 55 San Felipe EAAL te 1500 INSURER(S) AFFORDING COVERAGE N URED INSURER(S) AFFORDING COVERAGE N URED INSURER(S) AFFORDING COVERAGE N Sperus C0 81326 USA INSURER A: Imperium Insurance Company 3540 INSURER D: INSURER D: INSURER D: INSURER D: INSURED D: INSURER D: INSURER D: INSURED DO THE INSURAD ABOVE FOR THE POLICY FOR THE DOCUMENT WITH RESPECT TO WHICH X COMMERCAL GENERAL LABILITY MINGTICGLO00038601 09/01/2021 09/01/2021 EACH OCCURRENCE S1, Z CLAIMS-MADE MINGTICGLO00038601 09/01/2021 09/01/2022 COMBINED SINGLE LIMIT S1, GENERAL LABILITY MINGTICCCA0000251-01 09/01/2021 09/01/2022 COMPROP AGG S2, | EMAR. INSURER S: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Imperium Insurance Company 35408 INSURER D: Insurance Company 35505 INSURER D: Insurer Insurer INSURER D: Insurer Insurer Insurer D: Insurer Insurer Insurer D: Insurer Insurer Insurer D: Insurer D: Insurer Insurer D: Insurer D: Insurer D: Insurer D: Insurer D: Insurer D: Insurer D: Insurer D: Insurer D: CERTIFICATE NUMBER: S70039041641 REVISION NUMBER: Insurer D: THE POLICIES DISTO THE INSURATION FAPORD DO CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS Subject D AL THE TERMS, SUBJECT ON WHICH THIS SUBJECT ON ALL THE TERMS, ILLIANTY OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, ILLIANTY OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, ILLIANTY OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, ILLIANTY OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, ILLIANTY OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, ILLIANTY LIABILTY PLICY EXPLOYED LANTS LIABILTY PLICY E | SS San Feilipe F4AAL ter 1500 INSURER(S) AFFORDING COVERAGE NAC # URED Insurer A: Imperium Insurer Company 35408 C Energy, LLC Insurer B: Rockwood Casualty Jins Co 35505 Sperus CO 81326 USA Insurer B: Imperium Insurer Company 35408 VEERAGES CERTIFY HART THE POLICIES OF INSURANCE LISTED BELOW HAVE DEEN ISSUED TO THE INSURE NAME ANY PEOLISE CONTINUE ANY CONTRACT OR OTHER DOLICY PERDON NOCATED ONDITION OF ANY CONTRACTS, LISTED BELOW HAVE DEEN ISSUED TO THE INSURENCE NAME ADDRENT TERM IN GROUP CONTINUE TO ROTHER DOLICY PERDON VIERAGES CERTIFICATE NUMBER: 570089041641 REVISION NUMBER DEEN ISSUED OF NEI POLICY PERDON NISCRET ROT MART THE POLICIES OF SIGNAL CONTINUE OF ANY CONTRACTS OF ANY CONTRACTS. Instruments Status of the POLICY PERDON VIERAGES COMMERCIAL EXEMPTION NUM YARY BELIES ELIMITS STUDION NUM YARY BELIES ELIMITS STUDION NUM YARY BELIES PEOLOCUS DESCRIPTED HER NIS SUBJECT TO ALL THE TENNS. X COMMERCIAL EXEMPTION NUM YARY BELIES ELIMITS STUDION NUM YARY BELIES ELIMITS STUDION OF PARD CLAIMS. Limits Studion 2000 (00000000000000000000000000000000 | | | | PHONE (ACC) | 283-7122 | FAX (A/C: No.): (800) 3 | 63-0105 | |
| Instant Insurer(s) AFFORDING COVERAGE Insurer(s) AFFORDING COVERAGE Insurer(s) AFFORDING COVERAGE URED Insurer a: Imperium Insurance Company 3540 S2 County Road 120 Insurer B: Rockwood Casualty Ins Co 3550 Sperus CO 81326 USA Insurer D: Insurer D | INSURER(s) AFFORDING COVERAGE NAIC # INSURER A: Imperium Insurance Company 35408 INSURER D: ROCKwood Casualty Ins Co 35505 INSURER D: Insurer D: Insurer D: INSURER D: Insurer D: Insurer D: Insurer D: INSURER D: Insurer D: Insurer D: Insurer D: Insurer D: INSURER D: Insurer D: Insurer D: Insurer D: Insurer D: IDS OF SUCH POLICIS: L | Insurency Insurency <t< th=""><th>55 San Felipe</th><th></th><th></th><th>E-MAIL</th><th></th><th>(ACC. NO.).</th><th></th></t<> | 55 San Felipe | | | E-MAIL | | (ACC. NO.). | | |
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| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE | | | | EXPIRATION DATE THE | | | | |

Aon Risk Services Southwest Inc.

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| | | AGENCY CUSTOMER ID: | 10529717 | | |
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| ACORD [®] ADDITIONAL | L REM | LOC #: IARKS SCHEDU | JLE | Page _ | _ of _ |
| AGENCY | | NAMED INSURED | | | |
| Aon Risk Services Southwest, Inc. | | GCC Energy, LLC | | | |
| See Certificate Number: 570089041641 | | | | | |
| CARRIER See Certificate Number: 570089041641 | NAIC CODE | EFFECTIVE DATE: | | | |
| ADDITIONAL REMARKS | | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO FORM NUMBER: ACORD 25 FORM TITLE: Certifica | | - | | | |
| | Adde | | | | |
| Excess Layer Participants | | | | | |
| Policy Number: 001066121 Writing Company: James River Insurance Compa Policy Term: 9/01/21 - 9/01/2022 Limits: \$5,000,000 - Each Occurrence/Aggrega Participation 1st Layer: \$5,000,000 xs \$10,0 | te | | | | |
| Policy Number: 080877937 Writing Company: Lexington Insurance Company Policy Term: 9/01/21 - 9/01/2022 Limits: \$5,000,000 - Each Occurrence/Aggrega Participation 2nd Layer: \$5,000,000 xs \$15,0 | te | | | | |
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| S | IPORTANT: If the certificate holder is JBROGATION IS WAIVED, subject to ertificate does not confer rights to the certif | the | e tern | ns and conditions of the | policy, certain poli | | | |
| | UCER | | | | | | | |
| | Risk Services Southwest, Inc. | | | l F | | 283-7122 | FAX (A/C. No.): (800 | 0) 363-0105 |
| 555 | ston TX Office 5 San Felipe | | | | E-MAIL | | (A/C. NO.). | |
| | te 1500 ston TX 77056 USA | | | <u> </u> | ADDRESS: | | | |
| 100 | | | | | IN | ISURER(S) AFFOI | RDING COVERAGE | NAIC # |
| ISU | RED | | | 1 | NSURER A: Imper | ium Insura | nce Company | 35408 |
| | Energy, LLC 3 County Road 120 | | | П | NSURER B: ROCKV | vood Casual | ty Ins Co | 35505 |
| | perus CO 81326 USA | | | Ш | NSURER C: | | | |
| | | | | 1 | NSURER D: | | | |
| | | | | " | NSURER E: | | | |
| | | | | | NSURER F: | | | |
| | | | | UMBER: 570089987706 | | | VISION NUMBER: | |
| IN Ce | IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH POL | UIRE! PERT | MENT, AIN, | TERM OR CONDITION OF THE INSURANCE AFFORDED | ANY CONTRACT | OR OTHER I B DESCRIBED | OCUMENT WITH RESP HEREIN IS SUBJECT | PECT TO WHICH THIS |
| NSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIN | MITS |
| Α | X COMMERCIAL GENERAL LIABILITY | | | MNGIICGL000038601 | 09/01/2021 | 09/01/2022 | 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- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| 1 | | | | MNG-IIC-CA-0000251-01 | 09/01/2021 | 09/01/2022 | COMBINED SINGLE LIMIT | \$1,000,000 |
| | | | | | | | (Ea accident) | \$1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | AUTOS ONLY AUTOS | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | |
| | HIRED AUTOS NON-OWNED AUTOS ONLY | | | | | | (Per accident) | |
| | | | | MUGTTCC//000021101 | 00 (01 (2021 | 00/01/2022 | | ¢10,000,000 |
| A | UMBRELLA LIAB X OCCUR | | | MNGIICCX000021101 | 09/01/2021 | 09/01/2022 | EACH OCCURRENCE | \$10,000,000 |
| | X EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$10,000,000 |
| | DED RETENTION | | | | 00 (01 (2021 | 00 (01 (2022 | | |
| в | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | WC697327 | 09/01/2021 | 09/01/2022 | X PER STATUTE OTH | |
| | ANY PROPRIETOR / PARTNER / EXECUTIVE N OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 |
| | | | | | | | | |
| | | PD 11 | A -1-111 | nal Damarka Cobodulo | if more op ! ! " | | | |
| E: | RUPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACC OSM Permit CO-0106; CDRMS Permitional Insured in accordance wis s not apply. Coverage for exploir iration date thereof, the policy accordance with the policy prov- nges are made in the General Lia | ith | co-19 | 981-035. Office of sur policy provisions of the | face Mining Wes General Liabi | lity polic | y. BI & PD Coverage | ge. XCU Exclusion |
|) EF | | | | CANC | ELLATION | | | |
| | | | | EXP | | | IBED POLICIES BE CANC L BE DELIVERED IN ACC | |
| | Office of Surface Mining Reclamation and Enforcement Western Region P. O. Box 25065 Denver CO 80225-0065 USA | | | AUTHOR | ized representative <i>Aon Pri</i> | sk Serv | ices Southwest | Inc. |

ACORD 25 (2016/03)

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| AGENCY CUSTOMER ID: | 10529717 |
|---------------------|----------|
|---------------------|----------|

LOC #:

| AC | |
|----|--|
| 70 | |

ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest. Inc NAMED INSURED GCC Energy, LLC Page _ of _

| Aon Krsk Services Southwest, Inc. | | |
|--------------------------------------|-----------|-----------------|
| POLICY NUMBER | | |
| See Certificate Number: 570089987706 | | |
| CARRIER | NAIC CODE | |
| See Certificate Number: 570089987706 | | EFFECTIVE DATE: |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Addendum

Excess Layer Participants

Policy Number: 001066121 Writing Company: James River Insurance Company Policy Term: 9/01/21 - 9/01/2022 Limits: \$5,000,000 - Each Occurrence/Aggregate Participation 1st Layer: \$5,000,000 xs \$10,000,000

Policy Number: 080877937 Vitting Company: Lexington Insurance Company Policy Term: 9/01/21 - 9/01/2022 Limits: \$5,000,000 - Each Occurrence/Aggregate Participation 2nd Layer: \$5,000,000 xs \$15,000,000