

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/21/2022

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.												
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 MARSH USA INC.							NAME:					
1225 17TH STREET, SUITE 1300						PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL						
DENVER, CO 80202-5534 Attn: Denver.CertRequest@marsh.com / FAX 212-948-4381						ADDRESS:						
						INSURER(S) AFFORDING COVERAGE				NAIC #		
CN103135850-STAND-GAWU-22-						INSURER A : Imperium Insurance Company				35408		
INSURED TRAPPER MINING INC.						INSURER B : N/A				N/A		
PO BOX 187						INSURER C :						
CRAIG, CO 81626						INSURER D :						
						INSURER E :						
						INSURER F :						
							SEA-003351588-51 REVISION NUMBER:					
	IDIC/ ERTI	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY	equif Pert	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	ED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, WN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	Х	COMMERCIAL GENERAL LIABILITY			MNG-IIC-GL-0000735-01		01/01/2022	01/01/2023	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	10,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Х	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:								\$		
	AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
A	Х	UMBRELLA LIAB X OCCUR			MNG-IIC-CX-0000399-01		01/01/2022	01/01/2023	EACH OCCURRENCE	\$	1,000,000	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000	
		DED X RETENTION \$ 25,000								\$		
		RKERS COMPENSATION							PER OTH- STATUTE ER			
	ANY		N/A						E.L. EACH ACCIDENT	\$		
	(Mai	ICER/MEMBEREXCLUDED?							E.L. DISEASE - EA EMPLOYEE	\$		
	If ye	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		FION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be	e attached if mor	e space is require	ed)			
		/IT #C-81-010 ICLUDES COVERAGE FOR PROPERTY DAM	AGF A	ND PF	RSONAL INJURY RESULTING FR	OM THE I	JSE OF EXPLOS	IVFS.				
POLICY INCLUDES COVERAGE FOR PROPERTY DAMAGE AND PERSONAL INJURY RESULTING FROM THE USE OF EXPLOSIVES.												
CE	RTIF	FICATE HOLDER				CANCELLATION						
COLORADO DIVISION OF RECLAMATION AND SAFETY DEPARTMENT OF NATURAL RESOURCES 1313 SHERMAN STREET - 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					

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