DSANDERS

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

5/3/2022

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

_tl	is certificate does not confer rights to	the	certi	ificate holder in lieu of su	ich end	orsement(s)	Candana C	ICD CDIC B	AL IC			
PRODUCER Houchens Insurance Group 2009 Frederica Street						CONTACT Daphne Sanders, CISR, CRIS, MLIS PHONE (AIC, No, Ext): (270) 685-5581 4414 FAX (A/C, No): (270) 685-3342						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
					INCUIDE			ce Company			35408	
HOUSE						INSURER B : Zurich American Insurance Company					16535	
INSURED							Americani	iisurance O	Jinpany		10000	
New Elk Coal Company, LLC						INSURER C:						
12250 Highway 12 Weston, CO 81091					INSURER D:							
AAASIGII, CO GIGSI						INSURER E:						
					INSURE	RF:						
CO				NUMBER:				REVISION N				
IN	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	INY CONTRAI 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT BED HEREIN IS	WITH RESPE		WHICH INIS	
INSR		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	8		
A	X COMMERCIAL GENERAL LIABILITY	IIVOU	4440					EACH OCCURR	ENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			MNG-IIC-GL-0000144-02	4/	4/24/2022	4/24/2023	DAMAGE TO RE		s	100,000	
	SE INICIAN DE IX					77 277 2022		MED EXP (Any o		s	5,000	
				Ti .						\$	1,000,000	
								PERSONAL & A			2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGG		\$	2,000,000			
	X POLICY PRO-							PRODUCTS - C		\$	2,000,000	
	OTHER:							COMBINED SIN		S	1,000,000	
Α	AUTOMOBILE LIABILITY				4/24/202			(Ea accident)	OLC LIMIT	\$	1,000,000	
	ANY AUTO			MNG-IIC-CA-0000574-01		4/24/2022	4/24/2023	BODILY INJURY	(Per person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY		\$		
	X HIRED ONLY X NON-OWNED							PROPERTY DA. (Per accident)	MAGE	\$		
	AUTOSONET									\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURR	ENCE	S	5,000,000	
	EXCESS LIAB CLAIMS-MADE			MNG-GM-CX-0000176-00	NG-GM-CX-0000176-00		4/24/2023	AGGREGATE		s	5,000,000	
										s		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER			
-				WC 2507146-00	00		8/1/2022	277914017442102	-11-000	s	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACC			1,000,000	
	(Mandatory in NH)							E.L. DISEASE -			1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE -	POLICY LIMIT	S	.,000,000	
		1										
									1			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	ule, may t	e attached if mo	re space is requ	ired)				
CERTIFICATE HOLDER						CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHO	AUTHORIZED REPRESENTATIVE						
Colorado Division of Reclamation Mining & Safety 1313 Sherman Street, Room 215						Keith Hongood						

Denver, CO 80203