

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/22/2023

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							CONTACT NAME:					
MARSH USA LLC. 1225 17TH STREET, SUITE 1300 DENVER, CO 80202-5534						PHONE FAX						
						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:						
Attn: Denver.CertRequest@marsh.com / FAX 212-948-4381												
CN10212E0E0 CTAND CAMIL 22							INSURER(S) AFFORDING COVERAGE					
CN103135850-STAND-GAWU-23- INSURED							INSURER A : Imperium Insurance Company				35408	
TRAPPER MINING INC.						MONEK B. 1871					N/A	
PO BOX 187 CRAIG, CO 81626						INSURE	RC:					
510 110, 60 0 1020							INSURER D:					
							INSURER E :					
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:							-003351588-53		REVISION NUMBER:		101/ 555105	
IN C	IDIC. ERT	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OR OTHER I	OCUMENT WITH RESPEC	OT T	WHICH THIS	
INSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	•		
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	MNG-IIC-GL-0000735-02		01/01/2023	01/01/2024	EACH OCCURRENCE	\$	1,000,000	
									DAMAGE TO RENTED		300,000	
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	10,000	
									MED EXP (Any one person)	\$	1,000,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
	A11	OTHER:  TOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	AU	ANY AUTO							(Ea accident)	\$		
		OWNED SCHEDULED							BODILY INJURY (Per person)			
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
A					MMC IIC CV 0000300 03			04/04/0004		\$	1 000 000	
^	X	UMBRELLA LIAB X OCCUR			MNG-IIC-CX-0000399-02		01/01/2023	01/01/2024	EACH OCCURRENCE	\$	1,000,000	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000	
		DED X RETENTION \$ 25,000							DED OTH	\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)  If yes, describe under									E.L. DISEASE - EA EMPLOYEE	\$		
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD	0 101, Additional Remarks Schedu	le, may be	attached if mor	e space is require	ed)			
ı		/IIT #C-81-010 ICLUDES COVERAGE FOR PROPERTY DAM	AGF A	ND PF	RSONAL IN JURY RESULTING FR	OM THE I	ISE OF EXPLOS	IVES				
POLICY INCLUDES COVERAGE FOR PROPERTY DAMAGE AND PERSONAL INJURY RESULTING FROM THE USE OF EXPLOSIVES.												
CERTIFICATE 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					
							March 715-A 1110					