

Client#: 1114209

CARBORIV

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/02/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 2365 Harrodsburg Road Suite A300 Lexington, KY 40504	CONTACT NAME: Amy Morgan PHONE (A/C, No, Ext): 502-815-5149 FAX (A/C, No): 855-209-1026 E-MAIL ADDRESS: amy.morgan@usi.com														
INSURED ARC McClane Canyon, LLC 86900 Sinfield Road Hopedale, OH 43976	<table border="1"> <thead> <tr> <th data-bbox="803 493 1404 524">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1404 493 1533 524">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="803 524 1404 554">INSURER A: Imperium Insurance Company</td> <td data-bbox="1404 524 1533 554">35408</td> </tr> <tr> <td data-bbox="803 554 1404 584">INSURER B: Great Midwest Insurance Company</td> <td data-bbox="1404 554 1533 584">18694</td> </tr> <tr> <td data-bbox="803 584 1404 614">INSURER C: Kentucky Employers' Mutual Insurance</td> <td data-bbox="1404 584 1533 614">10320</td> </tr> <tr> <td data-bbox="803 614 1404 645">INSURER D:</td> <td data-bbox="1404 614 1533 645"></td> </tr> <tr> <td data-bbox="803 645 1404 675">INSURER E:</td> <td data-bbox="1404 645 1533 675"></td> </tr> <tr> <td data-bbox="803 675 1404 695">INSURER F:</td> <td data-bbox="1404 675 1533 695"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Imperium Insurance Company	35408	INSURER B: Great Midwest Insurance Company	18694	INSURER C: Kentucky Employers' Mutual Insurance	10320	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Imperium Insurance Company	35408														
INSURER B: Great Midwest Insurance Company	18694														
INSURER C: Kentucky Employers' Mutual Insurance	10320														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MNGIICGL0000231	06/02/2023	06/02/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MNGIICCA0000162	06/02/2023	06/02/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE			MNGIICCX0000137	06/02/2023	06/02/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MNGIICWC00000700	07/31/2022	07/31/2023	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Equipment FI			MNGIICIM0000100	06/02/2023	06/02/2024	5% Deductible/2,500 min

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**** Workers Comp Information ****

Proprietors/Partners/Executive Officers/Members Excluded:

Ricky Kirk, President

Jerry Wells, Vice President

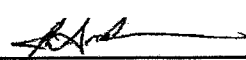
(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

**Colorado Division of
Reclamation, Mining, and Safety
Dept of
1313 Sherman St 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



DESCRIPTIONS (Continued from Page 1)

C 294213 Eff Date: 04/01/2023 Exp Date: 04/01/2024

WC Each Accident Limit: \$1,000,000

WC Policy Limit: \$1,000,000

WC Each Employee Limit: \$1,000,000

*** General Liability***

Additional Insured- Automatic Status applied when it is required in a written agreement.