

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/17/2024

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.

						rms and conditions of th ificate holder in lieu of su				equire an endorsement	. A St	atement on	
PRODUCER								CONTACT NAME:					
MARSH USA LLC.							PHONE FAX (A/C, No, Ext): (A/C, No):						
1225 17TH STREET, SUITE 1300 DENVER, CO 80202-5534							(A/C, NO, EXT): (A/C, NO): E-MAIL ADDRESS:						
Attn: Denver.CertRequest@marsh.com / FAX 212-948-4381												NAIG#	
CN103135850-STAND-GAWU-24-							INSURER(S) AFFORDING COVERAGE					NAIC # 35408	
INSURED							INSURER A : Imperium Insurance Company				N/A		
Trapper mining inc.							INSURER B: N/A				IV/A		
PO BOX 187 CRAIG, CO 81626							INSURER C:						
GIAIU, CO 01020								INSURER D:					
								INSURER E :					
							INSURER F:						
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW F								SEA-003351588-54 REVISION NUMBER:					
						RANCE LISTED BELOW HAV NT, TERM OR CONDITION							
CI	ERTIFICATE MAY B	E ISSUED	D OR MAY	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBED				
	CLUSIONS AND CO	ONDITIONS	S OF SUCH			LIMITS SHOWN MAY HAVE	BEEN F						
NSR LTR		TYPE OF INSURANCE		INSD	ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY		ABILITY			MNG-IIC-GL-0000735-03		01/01/2024	01/01/2025	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MAI	DE X C	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
										MED EXP (Any one person)	\$	10,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LI	IMIT APPLIE	S PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PI	RO-	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:		_								\$		
	AUTOMOBILE LIABILIT	ΓY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO									BODILY INJURY (Per person)	\$		
	OWNED	SCH	IEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED		1-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY	AUTO	OS ONLY							(Per accident)	\$		
Α	X UMBRELLA LIAB	X	000110			MNG-IIC-CX-0000399-03		01/01/2024	01/01/2025	FACILOCCUPPENCE	-	1,000,000	
	EXCESS LIAB	H	OCCUR					01/01/2024	0.70.72020	EACH OCCURRENCE	\$	1,000,000	
	V		CLAIMS-MADE							AGGREGATE	\$	1,000,000	
	DED X RET	ENTION \$ 25	5,000							PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A													
			N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under										\$		
	DÉSCRIPTION OF OPE	RATIONS be	elow							E.L. DISEASE - POLICY LIMIT	\$		
		NS / LOCAT	TIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is require	ed)			
	PERMIT #C-81-010 CY INCLUDES COVERA	GE FOR PR	OPERTY DAMA	AGF AI	ND PF	RSONAL INJURY RESULTING FRO	OM THE	USE OF EXPLOS	IVES				
. 02.	0.1 11.02.052.0 00.12.10.1		.01 2 57			NOOTH LINGS N. N. LOOL I IN C. I.	O	002 01 2711 200					
CERTIFICATE HOLDER							CANO	CANCELLATION					
								1.5					
	COLORADO DIVISI AND SAFETY DEPA			ESUL	DCES		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	1313 SHERMAN ST			E300	KCES								
	DENVER, CO 8020		= . =				^00	ACCOMPANCE WITH THE FOLICT PROVIDIONS.					
1							AUTHORIZED REPRESENTATIVE						
								Marsh USA LLC					