



STATE OF  
COLORADO

Talvitie - DNR, Marcia <marcia.talvitie@state.co.us>

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## Bowie Insurance

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**Basil Bear** <BasilBear@bowieresources.com>

Wed, Feb 12, 2014 at 6:02 AM

To: "Talvitie - DNR, Marcia" <marcia.talvitie@state.co.us>

Marcia:

Find attached the certificate of insurance as requested.

Basil R. Bear

Engineering



**Bowie Resources, LLC**

**A Subsidiary of Bowie Resources Partners, LLC**

P.O. Box 1488

Paonia, CO. 81428

O. 970-929-5258

M. 970-361-0952

basilbear@bowieresources.com



**Insurance 2014.pdf**

394K



# CERTIFICATE OF LIABILITY INSURANCE

BOWIE-1

OP ID: BH

DATE (MM/DD/YYYY)

02/11/14

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 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 Central Insurance Services 4630 Taylorsville Rd Louisville, KY 40220 Robert P. Wessel, Jr. CPCU	502-493-2370 502-493-2320	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Bowie Resource Holdings, LLC Jim Wolff 6100 Dutchman's Lane Ste 902 Louisville, KY 40205		INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire INSURER B : Lexington Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 19445	

## 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		GL 6576428	02/01/14	02/01/15	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PERSONAL & ADV INJURY \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 3,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMPIOP AGG \$ 2,000,000
	ANY AUTO					Emp Ben. \$ 1,000,000
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	BE12816143	02/01/14	02/01/15	BODILY INJURY (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				PROPERTY DAMAGE (Per accident) \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATU-TORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L EACH ACCIDENT \$
B	Excess Umbrella		025267252	02/01/14	02/01/15	E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$
						Excess Umbrella 15,000,000

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

Evidence of Insurance as respects to Bowie #2 Mine Permit #C1996083 and Bowie #1 Mine Permit #C1981038. General Liability policy provides protection for use of explosives. The General Liability and Umbrella policies include an endorsement providing that 30 days notice of cancellation (or coverage change) which will be furnished to the certificate holder by the carrier.

## CERTIFICATE HOLDER

STATECO

State of Colorado  
Dept of Natural Resource, Div  
of Reclamation Mining & Safety  
1313 Sherman St, Room 215  
Denver, CO 80203

## 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.

AUTHORIZED REPRESENTATIVE

Robert P. Wessel, Jr. CPCU

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