



STATE OF  
COLORADO

Hernandez - DNR, Alysha <alysha.hernandez@state.co.us>

---

## Fwd: Insurance Certificate

1 message

**Musick - DNR, Jason** <jason.musick@state.co.us>

Thu, Feb 26, 2015 at 10:28 AM

To: Alysha Hernandez - DNR <alysha.hernandez@state.co.us>, Mary Rodriguez - DNR  
<mary.rodriguez@state.co.us>

Please scan under C-1981-038

Thanks!

----- Forwarded message -----

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

Date: Thu, Feb 26, 2015 at 9:31 AM

Subject: Insurance Certificate

To: "jason.musick@state.co.us" <jason.musick@state.co.us>

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

Jason:

Find attached the Bowie 1 Mine insurance certificate as requested by Marcia.

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

—

**Jason Musick**  
**Environmental Protection Specialist III**  
Coal Regulatory Program



**COLORADO**

**Division of Reclamation,  
Mining and Safety**

Department of Natural Resources

P 303.866.3567 x 8134 | F 303.832.8106  
1313 Sherman Street, Room 215, Denver, CO 80203  
jason.musick@state.co.us | <http://mining.state.co.us>



**Bowie 1 Insurance Certificate 2016.pdf**

426K



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/20/2015

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).

<b>PRODUCER</b> Central Insurance Services 4630 Taylorsville Rd Louisville, KY 40220 Robert P. Wessel, Jr. CPCU		<b>CONTACT NAME:</b> Robert P. Wessel, Jr. CPCU <b>PHONE (A/C, No, Ext):</b> 502-493-2370 <b>FAX (A/C, No):</b> 502-493-2320 <b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> National Union Fire	
		<b>INSURER B:</b> Lexington Insurance Company	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>INSURED</b> Bowie Resource Holdings, LLC Jim Wolff 6100 Dutchman's Lane Ste 902 Louisville, KY 40205	<b>NAIC #</b> 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 INSD 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL 6576428	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		BE12816190	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Umbrella		02526752	02/01/2015	02/01/2016	Excess Umbrella 15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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) will be furnished to the certificate holder by the carrier.

## CERTIFICATE HOLDER

## CANCELLATION

<b>STATECO</b>  State of Colorado Dept of Natural Resource, Div of Reclamation Mining & Safety 1313 Sherman St, Room 215 Denver, CO 80230	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> Robert P. Wessel, Jr. CPCU 
---	---