

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/16/2024

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. 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)

| th | is certificate does not confer rights to | the c | ertifi | cate holder in lieu of such | | | | | | | |
|---|--|--------|----------|----------------------------------|--------------------------------------|--|----------------------------|---|--------------|-------|--|
| PRODUCER | | | | | | CONTACT Lacey Skalicky | | | | | |
| Brown & Brown Insurance Services, Inc. | | | | | PHONE (612) 333-3323 FAX (A/C, No): | | | | | | |
| 901 Marquette Ave | | | | | | E-MAIL lacey.skalicky@bbrown.com | | | | | |
| Suite 1800 | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | |
| Minneapolis MN 55402 | | | | | INSURE | INSURER A: Everest Premier Insurance Company 1604 | | | | | |
| INSURED | | | | | INSURER B : | | | | | | |
| Deseret Generation & Transmission Co-operative | | | | | INSURER C : | | | | | | |
| DBA: Deseret Power Electric Cooperative | | | | | | | | | | | |
| 10714 South Jordan Gateway | | | | | INSURER D: | | | | | | |
| • | | | | IIT 94005 | INSURER E : | | | | | | |
| South Jordan UT 84095 | | | | INSURER F: | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 2024-2025 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 | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | 3 | | |
| | COMMERCIAL GENERAL LIABILITY | IIVOD | **** | . CLIOT HOMBER | | (| (| EACH OCCURRENCE | | 0,000 | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | 0,000 | |
| | CLAIIVIS-IVIADE CCCOR | | | | | | | | s 10,0 | 00 | |
| Α | | | | EN4GL00113-241 | - 1 | 12/30/2024 | 12/30/2025 | MED EXP (Any one person) | \$ 2,000,000 | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 2,00 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | 0.00 | 0,000 | |
| | POLICY JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,00 | 0,000 | |
| | OTHER: | - | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | | | |
| | ANY AUTO OWNED SCHEDULED | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | " ' ^ | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | a transfer to the same to | | | 8 | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | DEC | E 11 | /ED | |
| DES | RIPTION OF OPERATIONS / LOCATIONS / VEHICLE | ES (AC | ORD 1 | 01, Additional Remarks Schedule, | may be a | ttached if more s | pace is required) | REC | | EU | |
| Re: Deserado Mine in Rangely, Colorado (Permit #C-81-018). | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Colorado Division of Reclamation, | | | | | | | | | | |
| | Mining and Saftey | | | | | | | | | | |
| | | | | | | | | William | | | |
| <u></u> | TIFICATE HOLDED | | | | CANC | ELLATION | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | | |
| State of Colorado Division of Reclamation 1313 Sherman Street Room 215 | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| 10 TO Official Officer Noon 2 To | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| Donuer | | | | | $\int_{\mathcal{L}} d\mathbf{l}_{x}$ | | | | | | |
| Denver CO 80203 | | | CO 80203 | 1 for Newman | | | | | | | |