

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/01/2025

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). | | | | | | | | | | |
|---|--|------|---|--------------------|---|--------------|-----------------|--------------------|-----------|--|
| PRODUCER | | | | | | T Marsh | U.S. Operations | 3 | | |
| | MARSH USA LLC. 155 N. WACKER, SUITE 1200 | | | PHONE (A/C. No. | HONE (A/C, No, Ext): 866-966-4664 FAX (A/C, No): 212-94 | | | 2-948-0811 | | |
| CHICAGO, IL 60661 | | | | | E-MAIL ADDRESS: StLouis.CertRequest@Marsh.Com | | | | | |
| | | | | | | INS | URER(S) AFFOR | DING COVERAGE | NAIC# | |
| | | | ç | 93 | INSURER | 19445 | | | | |
| INSU | RED Peabody Energy Corporation | | | | INSURER | N/A | | | | |
| | and Subsidiary Companies | | | INSURER | 15792 | | | | | |
| | Attn: Thomas Robertson | | | | | INSURER D: | | | | |
| | Gateway One Building St. Louis. MO 63101-1826 | | | | INSURER | E: | | | | |
| | | | | | INSURER | F: | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | | 009884719-08 | | REVISION NUMBER: 3 | | |
| 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. | | | | | | | | | | |
| | | | | | | | POLICY EXP | | | |
| INSR LTR | TYPE OF INSURANCE | INSD | | POLICY NUMBER | | | (MM/DD/YYYY) | LIMITS | | |
| Α | X COMMERCIAL GENERAL LIABILITY | Υ | | 7032448 | (| 08/01/2024 | 11/01/2025 | EACH OCCURRENCE \$ | 1,000,000 | |
| | | 1 | | | I | | | DAMAGE TO RENTED | | |

| LIK | | TIFE OF INSURANCE | INSD | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | 3 |
|-----|--------|---|------|-----|-------------------|--------------|--------------|--|--------------|
| Α | Χ | COMMERCIAL GENERAL LIABILITY | Υ | | 7032448 | 08/01/2024 | 11/01/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 2,000,000 |
| | | | | | | | | MED EXP (Any one person) | \$ 0 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | Χ | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | OTHER: | | | | | | | \$ |
| Α | AUT | OMOBILE LIABILITY | Υ | | 8682565 | 08/01/2024 | 11/01/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | Χ | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| C | Χ | UMBRELLA LIAB X OCCUR | | | B0509BOWCN2452283 | 08/01/2024 | 11/01/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ 1,000,000 |
| | | DED RETENTION \$ | | | | | | | \$ |
| | | KERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | PER OTH- STATUTE ER | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE TIME | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | (Man | CER/MEMBER EXCLUDED? | N, A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Operations/properties include: Mesa Gravel Pit - Peabody Sage Creek Mining, LLC (M-82-036); Red Rock Gravel Pit - Peabody Williams Fork Mining, LLC (M-78-315); Seneca IIW and Yoast Mines - Seneca Property, LLC (C-92-057 & C-94-082), Hayden Gulch Loadout - Hayden Gulch Terminal, LLC (C-92-081); Williams Fork Mines - Moffat County Mining, LLC (C-81-044); Foidel Creek Mine - Twentymile Coal, LLC (C-92-081); Williams Fork Mines - Moffat County Mining, LLC (C-92-081); Williams Fork Mines - Moffat County Mining, LLC (C-91-044); Foidel Creek Mine - Twentymile Coal, LLC (C-92-081); Williams Fork Mines - Moffat County Mining, LLC (C-91-044); Foidel Creek Mine - Twentymile Coal, LLC (C-91-081); Williams Fork Mines - Moffat County Mining, LLC (C-91-081); Williams Fork Mines - Moffat County Mining, LLC (C-91-081); Williams Fork Mines - Moffat County Mining, LLC (C-91-081); Williams Fork Mines - World (C-91-081); Williams 82-056); Sage Creek Mine - Peabody Sage Creek Mining, LLC (C-09-087).

Colorado Department of Natural Resources, Colorado Division of Reclamation, Mining & Safety and the State Board of Land Commissioners are included as Additional Insured where required by written contract. No explosion, collapse or underground damage exclusion is included on the general liability policy.

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| Colorado Division of Reclamation, Mining and Safety, State Board of Land Commissioners 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. |
| Denver, CO 80203 | AUTHORIZED REPRESENTATIVE |
| | |
| | Marsh USA LLC |

AGENCY CUSTOMER ID: CN101390393

Loc #: Chicago



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| AGENCY | | NAMED INSURED | | | | |
|---|--|--|--|--|--|--|
| MARSH USA LLC. | | Peabody Energy Corporation and Subsidiary Companies Attn: Thomas Robertson Gateway One Building St. Louis, MO 63101-1826 | | | | |
| | | and Subsidiary Companies | | | | |
| POLICY NUMBER | | Atti: Horidas Robertson Gateway One Building | | | | |
| | | St. Louis, MO 63101-1826 | | | | |
| CARRIER | NAIC CODE | | | | | |
| | | EFFECTIVE DATE: | | | | |
| ADDITIONAL REMARKS | | | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC | ORD FORM | | | | | |
| I | | nce | | | | |
| FORM NUMBER: 25 FORM TITLE: Certificate of Li | lability illibure | | | | | |
| | | | | | | |
| The policies referenced on this certificate may be subject to retained limits, self-insured | The policies referenced on this certificate may be subject to retained limits, self-insured retentions or deductibles. | | | | | |
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