

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/02/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Southwest Dallas /CL</b> <b>14241 Dallas Pkwy STE 700</b> <b>Dallas, TX 75254</b> <b>214 443-3100</b>		<b>CONTACT NAME:</b> <b>Karrye Baldwin</b> <b>PHONE (A/C, No, Ext):</b> <b>214 443-3100</b> <b>FAX (A/C, No):</b> <b>214 443-3900</b> <b>E-MAIL ADDRESS:</b> <b>Karrye.Baldwin@usi.com</b>	
<b>INSURED</b> <b>Verdad Resources Holdings, LLC</b> <b>5950 Sherry Lane, Suite 700</b> <b>Dallas, TX 75225</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> <b>Travelers Property Cas. Co. of America</b> <b>NAIC #</b> <b>25674</b> <b>INSURER B:</b> <b>Underwriters at Lloyd's London</b> <b>L0032</b> <b>INSURER C:</b> <b>Ironshore Specialty Insurance Co</b> <b>25445</b> <b>INSURER D:</b> <b>Phoenix Insurance Company</b> <b>25623</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BI/PD Ded:25000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6607S633627	03/04/2023	03/04/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BA8R756491	03/04/2023	03/04/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUP1T719003	03/04/2023	03/04/2024	EACH OCCURRENCE \$25,000,000
B				USXS1512404	03/04/2023	03/04/2024	AGGREGATE \$25,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<b>Occ/Agg</b> \$15,000,000 <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Excess Liab</b>			GSRWEL1704573	03/04/2023	03/04/2024	\$15,000,000 Occ/Agg
C	<b>Pollution Liab</b>			ISPILLSB6VVX003	03/04/2023	03/04/2024	\$1,000,000/\$2,000,000
C	<b>Excess Pollution</b>			IEELPLLB6VVP003	03/04/2023	03/04/2024	\$9,000,000/\$9,000,000

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

The General Liability policy contains an additional insured endorsement that provides additional insured on a primary an non-contributory status to the certificate holder when there is a written contract between the named insured and the certificate holder that requires such status. The General Liability policy contains a waiver of subrogation endorsement that provides waiver of subrogation to the certificate holder only when there is written contract between the named insured and the certificate holder that requires such status.

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

Information Only

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



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## DESCRIPTIONS (Continued from Page 1)

The Automobile policy contains an additional insured endorsement and waiver of subrogation that provides such status to the certificate holder when there is a written contract between the named insured and the certificate holder that requires such status. The certificate holder is provided a 30 day notice of cancellation. The Umbrella and Excess Liability policies are follow form.