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CERTIFICATE OF LIABILITY INSURANCE

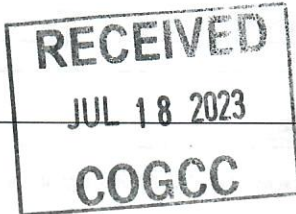
DATE (MM/DD/YYYY)

5/18/2023

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

PRODUCER
IMA, Inc. - Colorado Division
1705 17th Street, Suite 100
Denver CO 80202



CONTACT NAME: IMA Denver Team

PHONE (A/C, No, Ext): 303-534-4567

FAX (A/C, No):

E-MAIL ADDRESS: DenAccountTechs@imacorp.com

INSURED
1876 Resources LLC
1290 Broadway, Suite 1650
Denver CO 80203

CUBCRE

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Property Casualty Insurance Company

36161

INSURER B: The Travelers Indemnity Company of Connecticut

25682

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1170777999

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		H6606S260520TIL23	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA2R66084A	6/1/2023	6/1/2024	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP9S41541123N4	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	UB8J25032923N4G	6/1/2023	6/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Oil Lease Property & Contractor's Equipment Leased and Rented Coverage: Policy #B0702GU319570Q

Effective Date: 12/02/22-06/01/24 Insurer: Lloyd's

Section 2 - Physical Loss and/or Physical Damage to Onshore Property scheduled herein

Agreed Values of USD \$21,434,225

Unscheduled Miscellaneous Non-Owned Property Endorsement subject to a separate and additional limit of USD 500,000 (100%) any one accident or occurrence.

Boiler and Machinery Breakdown Extension subject to a separate and additional Limit of USD 500,000 (100%) any one accident or occurrence

See Attached...

CERTIFICATE HOLDER

Colorado Oil and Gas Conservation Commission
Attn: Financial Assurance
1120 Lincoln Street, Suite 801
Denver CO 80202
USA

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

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ADDITIONAL REMARKS SCHEDULE

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AGENCY IMA, Inc. - Colorado Division		NAMED INSURED 1876 Resources LLC 1290 Broadway, Suite 1650 Denver CO 80203	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Section 2 - Retentions

5% of loss subject to a minimum of USD 25,000 any one accident or occurrence, but not exceeding USD 50,000 any one accident or occurrence but USD 100,000 in respect of fire peril at pad wells.

CONTROL OF WELL COVERAGE: Policy #B0702GU319570Q

Effective Dates: 12/02/22-06/01/24 Insurer: Lloyd's

Section 1 - Cost of Control, Re-drilling, Extra Expense and Pollution and Clean-up - Sums Insured:

USD 30,000,000 any one accident or occurrence, Combined Single Limit.

USD 15,000,000 any one accident or occurrence, Separate Additional Limit in respect of Care, Custody and Control Endorsement.

USD 1,000,000 any one accident or occurrence, Separate Additional Limit, in respect of Materials and Supplies Endorsement.

Section 1 - Retentions

USD 175,000 any one accident or occurrence, Combined Single Excess in respect of Drilling and/or Workover and/or Re-entry and/or Recompletion and/or Sidetrack wells.

USD 125,000 any one accident or occurrence, Combined Single Excess in respect of all other wells.

USD 100,000 any one accident or occurrence, Separate Additional Excess in respect of Care, Custody and Control Endorsement.

USD 75,000 any one accident or occurrence, Separate Additional Excess in respect of Materials and Supplies Endorsement.

Certificate Holder and all other parties required by the contract are included as Additional Insured on the General Liability, Automobile Liability, and Umbrella Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions. A Waiver of Subrogation is provided in favor of the Certificate Holder and all other parties required by the contract on the General Liability, Automobile Liability, and Umbrella Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions. This Insurance is Primary & Non-Contributory on the General Liability Policy subject to the policy terms and conditions. General, Automobile, Umbrella Liability, and Workers Compensation Coverage(s) include 30-day notice of cancellation, subject to the policy terms and conditions.