

**COMMERCIAL GENERAL LIABILITY DECLARATIONS  
OCCURRENCE**



Issued By Liberty Mutual Fire Insurance Co.

Policy Number TB2-645-444580-043  
Renewal Of TB2-645-444580-042  
Account Number 4-444580

Issuing Office BOSTON, MA-157  
Issue Date 2023-12-12  
Sub Account 0000

Named Insured and Mailing Address  
Front Range Energy, LLC  
31375 Great Western Dr.  
Windsor CO 80550-3386

Franchise 9003

Form of Business: Limited Liability Company

Policy Period: The policy period is from 11/11/2023 to 11/11/2024 12:01 A.M. standard time at the Insured's mailing address.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**LIMITS OF INSURANCE**

Each Occurrence Limit	\$	1,000,000	
Damage to Premises Rented to You Limit	\$	100,000	Any one premises
Medical Expense Limit	\$	1,000	Any one person
Personal & Advertising Injury Limit	\$	1,000,000	
General Aggregate Limit	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	

**SCHEDULE**

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

Commercial General Liability Coverage Part Premium	\$	16,262
Total Estimated Premium	\$	16,262
Other Charge(s)	\$	

Policywriting Minimum Premium \$ 1,000

Forms Applicable: See Attached Inventory

IMA INC 0098004455  
IMA INC  
PO BOX 2992

WICHITA KS 672012992

**COMMERCIAL GENERAL LIABILITY  
DECLARATIONS EXTENSION SCHEDULE – NAMED INSURED**

Policy Number TB2-645-444580-043

It is agreed that the following are Named Insured(s) under this coverage part:

Apex 11, Inc

Carbon Storage Solutions, LLC

FR2, Inc

PLEASE RETAIN THIS  
POLICY IN YOUR  
PERMANENT RECORDS

One Tower Square, Hartford, Connecticut 06183

POLICY DECLARATIONS  
EXCESS FOLLOW-FORM AND UMBRELLA  
LIABILITY INSURANCE POLICY

POLICY NO.: CUP-7T585566-23-NF  
ISSUE DATE: 11/13/2023

INSURING COMPANY: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS: FRONT RANGE ENERGY, LLC  
31375 GREAT WESTERN DR.  
WINDSOR CO 805503386
2. POLICY PERIOD: From 11/11/2023 to 11/11/2024 12:01 A.M. Standard Time at your mailing address.
3. LIMITS OF INSURANCE:

COVERAGES		LIMITS OF LIABILITY
AGGREGATE LIMITS OF LIABILITY	\$10,000,000	General Aggregate
	\$10,000,000	Products-Completed Operations Aggregate
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY	\$10,000,000	Occurrence Limit
CRISIS MANAGEMENT SERVICE EXPENSES	\$100,000	all Crisis Management Events
4. SELF-INSURED RETENTION:	\$0	any one occurrence or event
5. PREMIUM: \$ 39,278	x Flat Charge	Adjustable (See Premium Schedule)
6. TAXES AND SURCHARGES:		

7. On the effective date shown in Item 2., the Excess Follow-Form And Umbrella Liability Insurance Policy numbered above includes this Declarations Page and any forms and endorsements shown on the Listing Of Forms, Endorsements And Schedule Numbers.

8. If the Schedule Of Underlying Insurance includes any coverage provided on a claims-made basis, then the following disclaimer applies.

**COVERAGE WILL APPLY ON A CLAIMS-MADE BASIS WHEN FOLLOWING CLAIMS-MADE UNDERLYING INSURANCE.**

9. If the Schedule Of Underlying Insurance includes any coverage which includes defense expenses within the limits of liability, then the following disclaimer applies:

**DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMITS OF INSURANCE WITH RESPECT TO SOME OR ALL OF THE COVERAGES PROVIDED.**

NAME AND ADDRESS OF AGENT OR BROKER:

IMA INC - F0509  
PO BOX 2992  
WICHITA KS 67201-2992

COUNTERSIGNED BY:

\_\_\_\_\_  
Authorized Representative

DATE: \_\_\_\_\_

OFFICE: DES MOINES IA