



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/4/2024

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).

<b>PRODUCER</b> IMA, Inc. - Colorado Division 1705 17th Street, Suite 100 Denver CO 80202	<b>CONTACT NAME:</b> IMA Denver Team <b>PHONE (A/C, No, Ext):</b> 303-534-4567 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> DenAccountTechs@imacorp.com
<b>INSURED</b> 1876 Resources, LLC 1290 Broadway, Suite 1650 Denver, CO 80203	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Property Casualty Company of America <b>INSURER B:</b> The Travelers Indemnity Company <b>INSURER C:</b> The Travelers Indemnity Company of America <b>INSURER D:</b> Lloyd's <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 135156681**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 INSD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6606S260520	6/1/2024	6/1/2025	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"/> <b>AUTOMOBILE LIABILITY</b> <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	6/1/2024	6/1/2025	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP9S5415411	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	UB8J250329	6/1/2024	6/1/2025	<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
D	Excess Second Layer			CRL333129B24	6/1/2024	6/1/2025	Each Occurrence \$10,000,000 Aggregate \$10,000,000

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

Oil Lease Property &amp; Contractor's Equipment Leased and Rented Coverage: Policy #B0702GU319570R

Effective Date: 6/1/24-06/01/25 Insurer: Lloyd's

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

Agreed Values of USD \$29,891,658

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****CANCELLATION**

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

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 #B0702GU319570R

Effective Dates: 06/01/24-6/1/25 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.