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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2024

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).

PRODUCER IMA, Inc. - Colorado 1705 17th Street, Suite 100 Denver CO 80202	CONTACT NAME: IMA Denver Team PHONE (A/C No. Ext): 303-534-4567 E-MAIL ADDRESS: DenAccountTechs@imacorp.com FAX (A/C No.):
INSURED QB Energy Operating, LLC 1001 17th St, Ste 1600 Denver, CO 80202-2034	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: Lexington Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:
QBENERG-01	NAIC # 11150 19437

COVERAGES

CERTIFICATE NUMBER: 1277185023

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD DED: \$25K <input checked="" type="checkbox"/> S&A Incl. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			81REG5053600	8/16/2024	8/16/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	<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			81CAB5053600	8/16/2024	8/16/2025	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			81REU5053600	8/16/2024	8/16/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess First Layer Liability			066321036	8/16/2024	8/16/2025	Each Occurrence \$5,000,000 Aggregate \$5,000,000

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

Excess Second Layer Liability Coverage (50% Quota Share): Policy #G48722702001
Effective Dates: 8/16/2024 - 8/16/2025 Insurer: Westchester Surplus Lines Insurance Company
\$7,500,000 Each Occurrence; \$7,500,000 Aggregate - P/O \$15,000,000 Limit

Excess Second Layer Liability Coverage (50% Quota Share): Policy #BTM2412195
Effective Dates: 8/16/2024 - 8/16/2025 Insurer: United Specialty Insurance Company
\$7,500,000 Each Occurrence; \$7,500,000 Aggregate - P/O \$15,000,000 Limit

See Attached...

CERTIFICATE HOLDER

CANCELLATION

ECMC
1120 Lincoln St. #801
Denver CO 80203

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**Page 1 of 1

AGENCY IMA, Inc. - Colorado		NAMED INSURED QB Energy Operating, LLC 1001 17th St, Ste 1600 Denver, CO 80202-2034	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Excess Third Layer Liability Coverage: Policy #B0507EI2400322
Effective Dates: 8/16/2024 - 8/16/2025 Insurer: Lloyd's
\$50,000,000 Each Occurrence; \$50,000,000 Aggregate

Automobile Physical Damage Coverage: Policy #81CAB5053600
Effective Dates: 8/16/2024 - 8/16/2025 Insurer A: See Above
\$5,000 Comprehensive Deductible; \$5,000 Collision Deductible

Control of Well Coverage: Policy #B0507EB2400316
Effective Dates: 8/16/2024 - 8/16/2025 Insurer: Underwriters at Lloyd's, London
Control of Well Limits (for 100% unless otherwise stated):
\$15,000,000 any one accident or occurrence, CSL in respect of drilling and/or workover wells.
\$10,000,000 any one accident or occurrence, CSL in respect of all other wells.
\$15,000,000 any one accident or occurrence, Separate Additional Limit in respect of Care, Custody and Control Endorsement.
\$2,000,000 any one accident or occurrence, Separate additional Limit in respect of Materials and Supplies Endorsement.

Oil Lease Property:
Agreed Values: \$253,552,936
\$100,000 Leased & Rented Equipment any one accident or occurrence