



## Form 1D - General Liability Insurance

### Summary Information Overview

Form Name: **Form 1D - General Liability Insurance**  
 Document Number: **404137718**  
 Date Submitted: **3/23/2025**

### Operator Information

Operator Number: **61650**  
 Operator Name: **MURFIN DRILLING COMPANY INC**  
 Operator Address: **250 N WATER ST STE 300 ATTN: NICK AHLERICH**  
 Operator City: **WICHITA**  
 Operator State: **KS**  
 Operator Zip: **67202**  
 First Name: **BONNIE**  
 Last Name: **SCHROEDER**  
 Contact Phone: **(316) 858-8626**  
 Contact Email: **bschroeder@murfineinc.com**

### General Liability Insurance

#### General Liability Insurance Information

Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date	Cancelled?
RT Specialty- IMA Inc.	Validus Specialty Underwriting Services, Inc.	Excess	CRD319090A22	5000000	07/01/2023	07/01/2024	<input type="checkbox"/>
IMA, Inc. - Wichita Division	Travelers Casualty and Surety Co. of America	general	H6602T292178TIA23	1000000	07/01/2023	07/01/2024	<input type="checkbox"/>
IMA, Inc. - Wichita Division	The Travelers Indemnity Company of Connecticut	General	8100R09014722N4G	1000000	07/01/2022	07/01/2023	<input type="checkbox"/>
IMA, INC.	ZURICH AMERICAN INSURANCE COMPANY	General	WC 1862518-02	1000000	07/01/2023	07/01/2024	<input type="checkbox"/>
IMA, Inc. - Wichita Division	Travelers Property Casualty Company of America	Umbrella	CUP3T80907722N4	5000000	07/01/2022	07/01/2023	<input type="checkbox"/>
IMA, Inc. - Wichita Division	Travelers Property Casualty Company of America	excess	CUP3T80907722N4	5000000	07/01/2022	07/01/2023	<input type="checkbox"/>
IMA, Inc. - Wichita	Travelers Property Casualty Company of America	excess	CUP3T80907724N4	5000000	07/01/2024	07/01/2025	<input type="checkbox"/>
IMA, Inc. - Wichita Division	St. Paul Fire and Marine Insurance Co.	general	ZLP10S5620620N4	1000000	07/01/2020	07/01/2021	<input type="checkbox"/>
IMA, Inc. - Wichita Division	Travelers Casualty & Surety Co.	general	H6602T292178TIL22	1000000	07/01/2022	07/01/2023	<input type="checkbox"/>
IMA, Inc. - Wichita Division	Evanston Insurance Company	excess	MKLV4EX102351	5000000	07/01/2020	07/01/2021	<input type="checkbox"/>
IMA, Inc. - Wichita Division	Zurich American Insurance Company	General	WC186251802	1000000	07/01/2022	07/01/2023	<input type="checkbox"/>
IMA, Inc. - Wichita	Travelers Casualty and Surety Company of America	general	H6602T292178TIA24	1000000	07/01/2024	07/01/2025	<input type="checkbox"/>
IMA, Inc. - Wichita Division	Travelers Property Casualty Company of America	excess	CUP3T80907723N4	5000000	07/01/2023	07/01/2024	<input type="checkbox"/>

#### Attached Certificate of Insurance Files:

File name	Uploaded
ECM.pdf	03/23/2025 02:41:27 PM

#### Additional Comments:

In checking this box the Operator certifies all effective liability insurance policies listed above provide coverage for property damage, bodily injury to third parties, and sudden or accidental pollution that requires Remediation, with no exclusion for claims arising from operator-caused seismicity from oil or gas Wells. (Per Rule 705.b.):

In checking this box the Operator certifies all effective liability insurance policies listed above include the Commission

as a "scheduled person or organization" so that the Commission may receive advance notice of cancellation. (Per Rule 705.c.):

## Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:

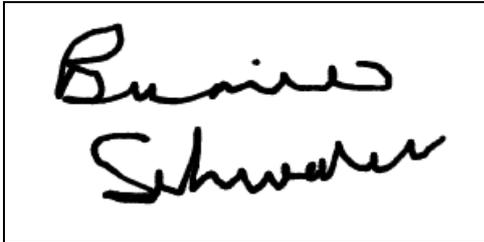
Name: **BONNIE SCHROEDER**

Title: **ACCOUNTING MANAGER**

Email: **bschroeder@murfineinc.com**

Phone: **(316) 858-8626**

Signature:

A rectangular box containing a handwritten signature in black ink. The signature is written in a cursive style and reads "Bonnie Schroeder".

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