



Form 1D - General Liability Insurance

Summary Information Overview

Form Name: **Form 1D - General Liability Insurance**
Document Number: **404177094**
Date Submitted: **4/24/2025**
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Operator Information

Operator Number: **10755**
Operator Name: **MORNINGSTAR OPERATING LLC**
Operator Address: **400 W 7TH ST ATTN: AMY BYARS**
Operator City: **FORT WORTH**
Operator State: **TX**
Operator Zip: **76102**
First Name: **CONNIE**
Last Name: **BLAYLOCK**
Contact Phone: **(817) 334-7882**
Contact Email: **cblaylock@mspartners.com**

General Liability Insurance

General Liability Insurance Information

Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date	Cancelled?
HUB INSURANCE	TRAVELERS CASUALTY AND SURETY CO	Umbrella	107084754	60000	06/26/2020	06/26/2023	<input checked="" type="checkbox"/>
HUB INSURANCE	TRAVELERS CASUALTY AND SURETY CO	Umbrella	107278624	80000	10/08/2020	10/08/2022	<input checked="" type="checkbox"/>
HUB Insurance	Travelers Casualty and Surety	Umbrella	107431166	100000	05/15/2023	05/15/2024	<input checked="" type="checkbox"/>
HUB Insurance	Travelers Casualty and Surety	Umbrella	107431171	60000	05/15/2023	05/15/2024	<input checked="" type="checkbox"/>
HUB INSURANCE	TRAVELERS CASUALTY AND SURETY CO	General	107084753	25000	06/26/2020	06/26/2023	<input checked="" type="checkbox"/>
HUB INSURANCE	TRAVELERS CASUALTY AND SURETY CO	Umbrella	107084755	50000	06/26/2020	06/26/2023	<input checked="" type="checkbox"/>
HUB INSURANCE	TRAVELERS CASUALTY AND SURETY CO	General	107278623	5000	03/25/2021	03/25/2023	<input checked="" type="checkbox"/>
HUB Insurance	Travelers Casualty and Surety	Umbrella	107431170	690000	05/15/2023	05/15/2024	<input checked="" type="checkbox"/>
Fort Worth, TX-Hub International Insurance Services	St. Paul Fire and Marine Insurance Co.	umbrella	ZLP14S9594619N4	5000000	10/01/2019	10/01/2020	<input checked="" type="checkbox"/>
Fort Worth, TX-Hub International Insurance Services	St. Paul Fire and Marine Insurance Co.	general	ZLP14S9594619N4	1000000	10/01/2019	10/01/2020	<input checked="" type="checkbox"/>
HUB	TRAVELERS CASUALTY AND SURETY CO OF AM	Umbrella	107431183	50000	10/17/2023	09/27/2024	<input checked="" type="checkbox"/>
HUB	TRAVELERS CASUALTY AND SURETY CO OF AM	Umbrella	107431181	690000	10/17/2023	09/27/2024	<input checked="" type="checkbox"/>
HUB	TRAVELERS CASUALTY AND SURETY CO OF AM	Umbrella	107431184	100000	10/17/2023	09/27/2024	<input checked="" type="checkbox"/>
IMA, Inc. - Dallas	Federal Insurance Company	general	36064124	1000000	11/09/2022	11/09/2023	<input checked="" type="checkbox"/>
IMA Inc - Dallas	Federal Insurance Company	excess	78191770	10000000	11/09/2023	11/09/2024	<input checked="" type="checkbox"/>
IMA, Inc. - Dallas	Federal Insurance Company	excess	78191770	5000000	11/09/2022	11/09/2023	<input checked="" type="checkbox"/>
IMA Inc - Dallas	Federal Insurance Company	general	36064124	1000000	11/09/2023	11/09/2024	<input checked="" type="checkbox"/>
HUB INSURANCE	TRAVELERS CASUALTY AND SURETY CO	General	107278622	5000	03/25/2021	03/25/2023	<input checked="" type="checkbox"/>
HUB	TRAVELERS CASUALTY AND SURETY CO OF AM	Umbrella	107431182	100000	10/17/2023	09/27/2024	<input checked="" type="checkbox"/>

Attached Certificate of Insurance Files:

File name	Uploaded
ECMC-(Energy-and-Ca_TXO-Partners,-L_24-25-MULTI-NI'_11-8-2024_1886486911_1.pdf	04/24/2025 08:39:03 AM

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: **CONNIE BLAYLOCK**

Title: **REGULATORY ANALYST**

Email: **cblaylock@mspartners.com**

Phone: **(817) 334-7882**

Signature:

Connie Blaylock

Associated Documents

404177105 - FORM 1D SUBMITTED

