



Form 1D - General Liability Insurance

Summary Information Overview

Form Name: **Form 1D - General Liability Insurance**
Document Number: **404338531**
Date Submitted: **9/2/2025**

Operator Information

Operator Number: **10852**
Operator Name: **JOEMAR WYOMING OPERATING LLC**
Operator Address: **PO BOX 370 ATTN:RAYMOND AMBROSE**
Operator City: **FULSHEAR**
Operator State: **TX**
Operator Zip: **7741-0370**
First Name: **RAYMOND**
Last Name: **AMBROSE**
Contact Phone: **(832) 790-7887**
Contact Email: **ray@joemarllc.com**

SUBMITTED

General Liability Insurance

General Liability Insurance Information

Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date	Cancelled?
JoeMar Wyoming Operating LLC	Indian Harbor Insurance Company	General	OLS44850926	2000000	9/1/2025	9/1/2026	
oeMar Wyoming Operating LLC	Indian Harbor Insurance Company	Umbrella	OLSX30260926	4000000	9/1/2025	9/1/2026	

Attached Certificate of Insurance Files:

File name	Uploaded
25-26 PKG - Binder.pdf	09/02/2025 12:46:12 PM
25-26 UL - Binder.pdf	09/02/2025 12:46:12 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:

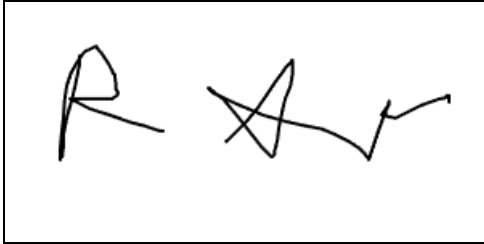
Name: **RAYMOND AMBROSE**

Title: **PRESIDENT**

Email: **ray@joemarllc.com**

Phone: **(832) 790-7887**

Signature:

A rectangular box containing a handwritten signature in black ink. The signature consists of a large, stylized capital letter 'R' followed by a series of connected, somewhat abstract strokes that suggest the name 'Raymond Ambrose'.

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 www.colorado.gov/ecmc
Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

