



Form 1D - General Liability Insurance

Summary Information Overview

Form Name: **Form 1D - General Liability Insurance**
Document Number: **404385205**
Date Submitted: **10/9/2025**
Date Approved: **10/9/2025**

Operator Information

Operator Number: **10816**
Operator Name: **SILVER MOUNTAIN ENERGY LLC**
Operator Address: **31487 STATE HIGHWAY 37 ATTN: LONNIE WRIGHT**
Operator City: **HINTON**
Operator State: **OK**
Operator Zip: **73047**
First Name: **Rebecca**
Last Name: **Trujillo**
Contact Phone: **(303) 309-1658**
Contact Email: **rtrujillo@progressivepcs.net**

General Liability Insurance

General Liability Insurance Information

Producer	Insurer	Type of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date	Cancelled?
Arthur J. Gallagher Risk Management Services, Inc.	Markel International Ins Co Ltd	general	JCGL104351	1000000	12/31/2022	12/31/2023	<input checked="" type="checkbox"/>
Berrong Insurance Agency	Indian Harbor Insurance Company	excess	OLSX28021224	5000000	12/31/2023	12/31/2024	<input checked="" type="checkbox"/>
Berrong Insurance Agency	Indian Harbor Insurance Company	general	OLS41871224	1000000	12/31/2023	12/31/2024	<input checked="" type="checkbox"/>
Arthur J. Gallagher Risk Management Services, Inc.	Markel International Ins Co Ltd	umbrella	JUMB103821	4000000	12/31/2022	12/31/2023	<input checked="" type="checkbox"/>
Berrong Insurance Agency	Indian Harbor Insurance Company	General	OLS41871225	1000000	12/31/2024	12/31/2025	<input type="checkbox"/>
Berrong Insurance Agency	CompSource Mutual Ins Co	Umbrella	OLSX28021225	5000000	12/31/2024	12/31/2025	<input type="checkbox"/>

Attached Certificate of Insurance Files:

File name	Uploaded
Certificate of Liability Insurance Silver Mountain Energy .pdf	10/09/2025 10:49:29 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: **Rebecca Trujillo**

Title: **Regulatory Analyst**

Email: **rtrujillo@progressivepcs.net**

Phone: **(720) 319-6830**

Signature:

Rebecca Trujillo

Associated Documents

404385237 - FORM 1D SUBMITTED

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

