



Form 1D - General Liability Insurance

Summary Information Overview

Form Name: **Form 1D - General Liability Insurance**
 Document Number: **404419770**
 Date Submitted: **11/3/2025**

Operator Information

Operator Number: **10363**
 Operator Name: **SCHUTZ* RICHARD E**
 Operator Address: **PO BOX 66 ATTN: SHERRY SCHUTZ**
 Operator City: **CHROMO**
 Operator State: **CO**
 Operator Zip: **81128**
 First Name: **Sherry**
 Last Name: **Schutz**
 Contact Phone: **(970) 264-4436**
 Contact Email: **schutzsherry@yahoo.comntal.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?
Hallmark Specialty Insurance Company	Richard E Schutz	General	E054002540	1000000	11/21/2022	11/21/2023	<input type="checkbox"/>
Herbrick Agency	National American Insurance Co	Umbrella	OU88830005	4000000	11/11/2024	11/11/2025	<input type="checkbox"/>
IMA, Inc.-Wichita	StarStone Specialty Insurance Company	General	E054400532	1000000	11/10/2023	11/10/2024	<input type="checkbox"/>
Herbrick Agency	National American Insurance Co	General	OG26450005	1000000	11/11/2024	11/11/2025	<input type="checkbox"/>
IMA, Inc - Wichita	StarStone Specialty Insurance Company	general	EO54400261	1000000	05/10/2023	11/10/2023	<input type="checkbox"/>
IMA, Inc - Wichita	StarStone Specialty Insurance Company	excess	S054400031	4000000	05/10/2023	11/10/2023	<input type="checkbox"/>
IMA, Inc.-Wichita	StarStone Specialty Insurance Company	Excess	S054400142	4000000	11/10/2023	11/10/2024	<input type="checkbox"/>
Hallmark Specialty Insurance Company	Richard E Schutz	Umbrella	S054000660	4000000	11/21/2022	11/21/2023	<input type="checkbox"/>
IMA, Inc - Wichita	StarStone Specialty Insurance Company	general	E054400261	1000000	05/10/2023	11/10/2023	<input type="checkbox"/>

Attached Certificate of Insurance Files:

File name	Uploaded
ECMC.pdf	11/03/2025 07:11:35 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: **Sherry Schutz**

Title: **Submitter**

Email: **schutzsherry@yahoo.com**

Phone: **(970) 264-4436**

Signature:

Sherry Schutz

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

