
**CONFIRMATION OF COVERAGE BOUND
(BINDER CONFIRMATION)**Patty Armstrong
Alliant Insurance Services, Inc. - Fort Worth
111 Boland St.
Suite 100
Fort Worth, TX 76107

Aug 22, 2025

Re: JoeMar Wyoming Operating LLC
Policy #:OLS44850926
Effective: 9/1/2025 to 9/1/2026

Dear :

We are pleased to confirm the attached binder for **General Liability** being offered with **Indian Harbor Insurance Company**. This carrier is **Non-Admitted** in the state of **TX**. Please note that this binder is based on the coverage, terms and conditions as stated in the attached binder, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this binder carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms bound as per the attached and those terms originally requested. This coverage may not be bound without a fully executed CRC brokerage agreement.

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.**Mailing Address:** 4803 Old Pecan Trail
Fulshear, TX 77441**Physical Address:** 4803 Old Pecan Trail,
Fulshear, TX 77441

Coverage as bound per the attached. Premium and Commission are as follows:

Premium:	\$11,500.00
TRIA Premium:	- REJECTED
Policy Fee	\$500.00
Surplus Lines Tax	\$582.00
Stamping Office Fee	\$4.80

Total: \$12,586.80**Broker Fees & Policy Fees are Fully Earned at Binding**

MEP: 25%

**If Non Admitted the following applies:
Texas Tax Filings are the responsibility of: () Your Agency (X) CRC**

TERMS AND CONDITIONS:

LIMITS: \$2,000,000 General Aggregate
 \$2,000,000 Products/Completed Operations Aggregate
 \$1,000,000 Personal & Advertising Injury
 \$1,000,000 Each Occurrence
 \$ 100,000 Damage to Rented Premises Rented (Each Occurrence)
 \$ 5,000 Medical Expense (Any One Person)

DEDUCTIBLE: \$5,000 Per Occurrence

BUSINESS DESCRIPTION: Lease Operator/Non-Operator

CLASS CODE	PREM BASIS	RATE	EXPOSURE	AMOUNT
98150 Oil/Gas Wells – Op/Prod 0-5,000 ft	Each Well	\$90.00	9	\$810
98150 Oil/Gas Wells – Op/Prod 5,001-10,000 ft	Each Well	\$120.00	21	\$2,520
98150 Oil/Gas Wells – Op/Prod 10,001-15,000 ft	Each Well	\$150.00	18	\$2,700
46510 Oil/Gas Wells – NOWI/Prod 0-25% WI	Each Well	\$24.00	50	\$1,200
46510 Oil/Gas Wells – NOWI/Prod 25.1-50% WI	Each Well	\$36.00	36	\$1,296
			Premium:	\$10,000 MP
			Hired and Non-Owned Auto Liability	\$1,500
			Total Premium:	\$11,500
Blanket AI				Included
Blanket Waiver				Included

PREMIUM IS MINIMUM AND DEPOSIT

FORMS:

PNCW01	0123	Fraud Notice
PNCW02	0119	Privacy Notice
PNCW05	0519	US Treasury Department Office of Foreign Assets Control
NTL014	0119	Claims Notice
PNTX01b	0524	Complaint Notice - Texas
SLMP001	0922	Commercial Lines Policy - Common Policy Declarations
CG2173	0115	Exclusion of Certified Acts of Terrorism
SLGL000	0617	Commercial General Liability Insurance Declarations
SLMP302	0520	Schedule of Forms and Endorsements
ILMP9104	0124	In Witness Endorsement
XL-TXSOP	0118	Service of Process - TX
CG0001	0413	Commercial General Liability Coverage Form
IL0017	1198	Common Policy Conditions
CG0300	0196	Liability Deductible Endorsement
IL0021	0908	Nuclear Energy Liability Exclusion Endt (Broad Form)
SLGL408	0617	Subcontractors Warranty
CAGL419	0210	Amendment of Liability Premium Conditions and Minimum Earned Premium – 25%
CG2243	0413	Exclusion - Engineers, Architect or Surveyors Professional Liability
SLGL413	0617	Non-Stacking Endorsement
CG2167	1204	Fungi or Bacteria Exclusion
CG2010	1001	Additional Insured - Blanket As Required By Written Contract
CG2037	1001	AI – Owners, Lessees or Contractors – Comp Ops – Blanket As Required by Written Contract
CG2404	0509	Waiver of Transfer of Rights of Recovery - Blanket As Required By Written Contract
SLGL624	0617	Pollution Exclusion - Exception for Extended Time Element - \$1Mil Limit
CG2262	0509	Underground Resources & Equipment Coverage - \$1Mil Limit
SLGL689	0520	Lead Exclusion
SLGL685	0617	Asbestos Exclusion
SLGL611	0520	Silica, Silica Related Dust or Respirable Dust Exclusion
CG2147	1207	Employment Related Practices Exclusion
SLGL684	0617	Cross Claims Exclusion Endorsement

SLGL627	0617	Exclusion - Aircraft Products and Grounding
SLGL626	0617	USL&H, Jones Act and Maritime Exclusion
CG2107	0514	Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability – Limited
Bodily Injury Exception	Not Included	
CG2132	0509	Communicable Disease Exclusion
SLGL417	0617	Blanket 30 Day NOC – as required by written contract
CG 2001	0413	Primary/Non-Contributory AI Status – blanket as required by written contract
SLGL691	0520	Earthquake or Volcanic Eruption Exclusion
CG2030	0413	Oil Or Gas Operations – Non-Operating Working Interests
SLGL433	0520	Hired and Non-Owned Auto Liability - \$5MM
SLMP301	0617	Schedule of Named Insureds
		JoeMar Wyoming Operating LLC
		JoeMar LLC
		JoeMar Texas Operating LLC
		JoeMar Operating LLC
		JoeMar Management LLC

Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Agent: CRC Insurance Services, LLC License#18530

Address: 1 Metroplex Drive, Suite 400, Birmingham, AL 35209

The Texas Department of Insurance (TDI) has adopted amendments to the Texas Administrative Code regarding required complaint notices included in insurance policies. These changes were effective on November 4, 2019, and must be implemented no later than May 1, 2020.

Home State: TEXAS:

The Home State was determined based on the information provided in your submission and the completed Declaration of Home State form. Please ensure the correct Home State is listed. Incorrect information could result in additional or return taxes, fees, surcharges, penalties, interest, and assessments at a later date, and in addition to what is shown. Additionally, please note that this is the current tax calculation based on the Home State but there could be changes that result in additional or return tax - due at a later date - based on future enactments of surplus lines laws by any of the various states.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement, and as necessary maintain proof of declination. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

CRC does not issue any certificates of insurance. It is the responsibility of the issuing party Alliant Insurance Services, Inc. - Fort Worth, to issue COIs according to the insurance policy in reference. CRC does not check or review any COI they receive. All copies of COIs received will be destroyed at time of receipt.

Should you have any questions, please feel free to contact our office.

Sincerely,

Shelley Bulls
(903)269-6601
Scmpton-bulls@crcgroup.com
14049969

CONFIDENTIAL

Figure: 28 TAC §1.601(a)(2)(B)

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Indian Harbor Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: Indian Harbor Insurance Company at (203) 964-5200

Toll-free:

Online: www.xlcapital.com

Email:

Mail: Seaview House 70 Seaview Avenue
Stamford, CT 06902-6040

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Indian Harbor Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Indian Harbor Insurance Company al (203) 964-5200

Teléfono gratuito:

En Línea: www.xlcapital.com

Correo electrónico:

Dirección postal: Seaview House 70 Seaview Avenue
Stamford, CT 06902-6040

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

Texas Tax Information:

Risk Location: 4803 Old Pecan Trail Fulshear, TX 77441

Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Agent: CRC Insurance Services, License #18530

Address: 1 Metroplex Drive, Suite 400, Birmingham, AL 35209

Policy Premium:	\$11,500.00
TRIPRA Premium:	
TRIPRA Status:	REJECTED
Policy Fee	\$500.00
Surplus Lines Tax:	\$582.00
Stamping Office Fee:	\$4.80
:	
:	
:	
:	
:	
:	
Grand Total:	\$12,586.80

NOTICE TO POLICYHOLDERS

TEXAS COMPLAINT NOTICE

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

AXA XL

To get information or file a complaint with your insurance company:

Call Risk Associate at: 1-800-688-1840
Toll Free: 1-800-688-1840
Email: USinquiries@axaxl.com
Mail: 677 Washington Blvd., 10th Floor, Suite 1000, Stamford, CT 06901

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call: 1-800-252-3439
Online: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov
Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

AXA XL

Para obtener información o para presentar una queja ante su compañía de seguros:

Llame a Risk Associate al: 1-800-688-1840
Teléfono gratuito: 1-800-688-1840
Correo electrónico: USinquiries@axaxl.com
Dirección postal: 677 Washington Blvd., 10th Floor, Suite 1000, Stamford, CT 06901

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439
Presente una queja en: www.tdi.texas.gov
Correo electrónico: ConsumerProtection@tdi.texas.gov
Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091