



## Form 1D - General Liability Insurance

### Summary Information Overview

Form Name: **Form 1D - General Liability Insurance**  
Document Number: **404523526**  
Date Submitted: **1/29/2026**  
Date Approved: **1/29/2026**

### Operator Information

**Operator Number:** 7820  
**Operator Name:** BEREXCO LLC  
**Operator Address:** 2020 N BRAMBLEWOOD STREET ATTN: MICHAEL KAY  
**Operator City:** WICHITA  
**Operator State:** KS  
**Operator Zip:** 67206  
**First Name:** Paula  
**Last Name:** White  
**Contact Phone:** (316) 337-8325  
**Contact Email:** paulaw@berexco.com

### General Liability Insurance

#### General Liability Insurance Information

Producer	Insurer	Type	Policy Number	Occurrence Limit	Effective Date	Expiration Date	Cancelled?
Cobbs Allen	Lloyds of London	General	B1368E220900	\$1,000,000	12/1/2023	12/1/2024	No
Cobbs Allen	Lloyds of London	General	B138E210900	\$1,000,000	12/1/2021	12/1/2022	No
Cobbs Allen	Lloyd's of London	general	B1368E220900	\$1,000,000	12/1/2022	12/1/2023	No
Cobbs Allen	Lloyds of London	Umbrella	B1230NG03500A24	\$5,000,000	12/1/2024	12/1/2025	No
Cobbs Allen	Lloyds of London	general	B1230NG03499A24	\$1,000,000	12/1/2024	12/1/2025	No
Cobbs Allen	Lloyd's of London	umbrella	B1368E220901	\$5,000,000	12/1/2022	12/1/2023	No
Cobbs Allen	Lloyds of London	Umbrella	B1368E210901	\$5,000,000	12/1/2021	12/1/2022	No
Cobbs Allen	Lloyds of London	Umbrella	B1230NG03500A23	\$5,000,000	12/1/2023	12/1/2024	No
Cobbs Allen	Lloyds of London	General	B1230NG03499A25	\$1,000,000	12/1/2025	12/1/2026	No
Cobbs Allen	Lloyds of London	Umbrella	B1230NG03500A25	\$5,000,000	12/1/2025	12/1/2026	No

#### Attached Certificate of Insurance Files:

File name	Size	Uploaded
Colorado COI Berexco LLC.pdf	66kb	01/29/2026 08:22:19 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:** Paula White

**Title:** Production Manager

**Email:** paulaw@berexco.com

**Phone:** (316) 337-8325

**Signature:**

*Paula White*

## Associated Documents

404523532 - FORM 1D SUBMITTED

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

