



02245344

# CERTIFICATE OF LIABILITY INSURANCE

RECEIVED

10814

JUN 14 2023

DATE (MM/DD/YYYY)  
06/01/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Seubert & Associates, Inc. 225 North Shore Drive Suite 300 Pittsburgh PA 15212	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): (412) 734-4900 E-MAIL ADDRESS: certs@seubert.com	FAX (A/C, No): (412) 734-5725
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> MDS Energy Development, LLC 409 Butler Road, Suite A Kittanning PA 16201-4403	<b>INSURER A:</b> Travelers Indemnity Co. NAIC # 25658	
	<b>INSURER B:</b> Travelers Indemnity of Connecticut NAIC # 25682	
	<b>INSURER C:</b> Travelers Property Casualty Company of America NAIC # 25674	
	<b>INSURER D:</b> RSUI Indemnity Co. NAIC # 22314	
	<b>INSURER E:</b> Federal Insurance Company NAIC # 20281	
	<b>INSURER F:</b> Ironshore Specialty Insurance Company NAIC # 25445	

**COVERAGES**      **CERTIFICATE NUMBER:** 2023/2024      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			H6601T225863TIA23	06/01/2023	06/01/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> X, C & U						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Pollution Included						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/POP AGG	\$ 2,000,000
	OTHER:							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BA9R28345923N4G	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP3T10459923N4	06/01/2023	06/01/2024	EACH OCCURRENCE	\$ 10,000,000 ✓
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB2P64538A22N4G	10/27/2022	10/27/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Middle Excess Liability			NHA102759	06/01/2023	06/01/2024	Limit: \$10,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Insurer E: High Excess Liability: 30035653; 6/1/2023 - 6/1/2024; \$15,000,000 Limit  
Insurer F: Pollution Site Liability ISPILLSB948K003; 6/1/2023 - 6/1/2024; \$1,000,000 Occurrence / \$2,000,000 Aggregate; Ded: \$150,000  
Insurer F: Excess Pollution Site Liability IEELPLB948N003; 6/1/2023 - 6/1/2024; \$9,000,000 Occurrence / \$9,000,000 Aggregate  
Insurer G: (Berkley National Insurance Company; NAIC# 38911)- Inland Marine - MIM1039990-52 - 06/01/2023 - 06/01/2024 - Leased/Rented/Borrowed Contractors Equipment; Limit: \$500,000; Ded: \$5,000

<b>CERTIFICATE HOLDER</b> Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801 Denver, CO 80203	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 