



## Form 1D - General Liability Insurance

### Summary Information Overview

Form Name: **Form 1D - General Liability Insurance**  
Document Number: **404111892**  
Date Submitted: **3/1/2025**

### Operator Information

Operator Number: **7800**  
Operator Name: **BEREN CORPORATION**  
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 of Liability Insurance	Policy Number	Each Occurrence Limit	Effective Date	Expiration Date	Cancelled?
Cobbs Allen	Lloyds of London	General	B1368E220900	1000000	12/01/2022	12/01/2023	<input type="checkbox"/>
Cobbs Allen	Lloyds of London	General	B1368E220900	1000000	12/01/2023	12/01/2024	<input type="checkbox"/>
Cobbs Allen	Lloyds of London	Umbrella	B1230NG03500A23	5000000	12/01/2023	12/01/2024	<input type="checkbox"/>
Cobbs Allen	Lloyds of London	Umbrella	B1368E220901	5000000	12/01/2022	12/01/2023	<input type="checkbox"/>
Cobbs Allen	Zurich American Insurance Company	General	B1368E210900	1000000	12/01/2021	12/01/2022	<input type="checkbox"/>
Cobbs Allen	Lloyds of London	Umbrella	1102617	1000000	07/01/2022	07/01/2023	<input type="checkbox"/>
Cobbs Allen	Lloyds of London	Umbrella	B1230NG03500A24	5000000	12/1/2024	12/1/2025	<input type="checkbox"/>
Cobbs Allen	Lloyds of London	General	B1230NG03499A24	1000000	12/1/2024	12/1/2025	<input type="checkbox"/>

#### Attached Certificate of Insurance Files:

File name	Uploaded
Colorado-Energy-and_Berexco-LLC_24-25-Master_2-12-2025_1195045707.pdf	03/01/2025 07:23:01 AM

#### Additional Comments: **Updated General Liability and Umbrella**

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:*

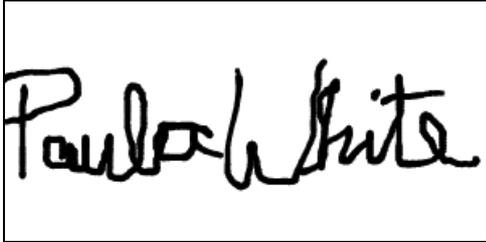
*Name:* **PAULA WHITE**

*Title:* **PRODUCTION ASSISTANT**

*Email:* **paulaw@berexco.com**

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

*Signature:*

A rectangular box containing a handwritten signature in black ink that reads "Paula White".

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