

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2016

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 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).

C	ertificate	holder in lieu of such endors	ement(s)	l .							
PRODUCER					CONTACT NAME:	NAME: LISA KOPPOIO					
Evans, Ewan & Brady Ins					PHONE (A/C, No, Ext): (512) 869-1511			FAX (A/C, No):(512) 863-5504		363-5504	
		2404 Williams Drive		T)/ =0000	E-MAIL ADDRESS:		eebins.com		(7/0, 140).		
		Georgetown		TX 78628	AUURESS:	15.17	OUDED(O) AFFOR	DING COVERAGE		NAIC #	
						TX MUT	LIAL INS CO	RDING COVERAGE		22945	
INSURED					INSURER A: TX MUTUAL INS CO INSURER B: AmTrust Insurance Company of Kansas, Inc				15954		
									5, 1110	35378	
Millennium Exploration Co., L 400 N Loop 1604 E. #202			LC				n Insurance C	опрану		33376	
		San Antonio		TX 78232-	INSURER D):				+	
		San Antonio		TX 70232-	INSURER E	:					
					INSURER F	:					
	VERAGE			E NUMBER:	REVISION NUMBER:						
IN C	IDICATED ERTIFICA	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE TE MAY BE ISSUED OR MAY F NS AND CONDITIONS OF SUCH F	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY (ED BY TH	CONTRACT E POLICIE	OR OTHER I	DOCUMENT WITH	RESPECT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	F	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
C	1 3/	MERCIAL GENERAL LIABILITY	INST MAI	16EGLMS80365		/14/2016	11/14/2017	EACH OCCURRENC		1,000,000	
		CLAIMS-MADE X OCCUR		10202MGGGGGG	.0	71.1/2010	,, 2011	DAMAGE TO RENTE	:D	100,000	
		luctible-						PREMISES (Ea occur		5,000	
	-	th Claim \$5.000						MED EXP (Any one p		1,000,000	
								PERSONAL & ADV IN		2,000,000	
		GREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	,	2,000,000	
	POLI	CY JECT LOC						PRODUCTS - COMP	OP AGG \$	2,000,000	
_	OTH							COMBINED SINGLE		1,000,000	
B AUTOMO		BILE LIABILITY		KPP1041070	10	10/18/2016	10/18/2017	(Ea accident)	Ψ	1,000,000	
	AINY	AUTO OWNED SCHEDULED						BODILY INJURY (Per	· /		
	AUTO							BODILY INJURY (Per PROPERTY DAMAGE			
	HIRE	ED AUTOS AUTOS						(Per accident)	Ψ		
									\$		
С		RELLA LIAB X OCCUR		16EGLMS80365	10	/14/2016	11/14/2017	EACH OCCURRENC	E \$	6,000,000	
	X EXC	ESS LIAB CLAIMS-MADE						AGGREGATE	\$	6,000,000	
	DED							W BED	\$		
Α		RKERS COMPENSATION EMPLOYERS' LIABILITY		SBP-0001295791	10/	10/15/2016	10/15/2017	X PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDEN	IT \$	1,000,000	
	(Mandator	y in NH)						E.L. DISEASE - EA E	MPLOYEE \$	1,000,000	
	If yes, desc DESCRIPT	ribe under ION OF OPERATIONS below						E.L. DISEASE - POLI	ICY LIMIT \$	1,000,000	
DES	CRIPTION O	F OPERATIONS / LOCATIONS / VEHICL	ES (ACORI	0 101, Additional Remarks Schedu	le, may be at	tached if mor	e space is require	ed)			
CERTIFICATE HOLDER						CANCELLATION AI 071081					
CLIVIII I CATE HOLDER						CANCELLATION AI 071081					
					THE EX	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					