COI's Per Order Para. 15



11/1/2024

DATE (MM/DD/YYYY) 9/27/2024

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.

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this certificate does not confer rights to	o the o	certi	ficate holder in lieu of su).					
PRODUCER Lockton Companies, LLC				CONTACT NAME:							
Three City Place Drive, Suite 90	0			PHONE FAX (A/C, No, Ext): (A/C, No):							
St. Louis MO 63141-7081				E-MAIL ADDRESS:							
(314) 432-0500				AUUKES		LIDERIC) AFFOR	DING COVERAGE	NAIC#			
midwestcertificates@lockton.com	n			INSURE			DING COVERAGE Liability Company	38318			
INSURED CONSOL Mining Company LLC	~		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INSURE							
1481295 c/o CONSOL Energy Inc.				INSUREI							
275 Technology Drive, Suite 10	1			INSURE							
Canonsburg PA 15317				INSURE							
				INSURE							
COVERAGES CER	TIFIC	ATE	NUMBER: 1692203				REVISION NUMBER: XX	XXXXXX			
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.											
	ADDLIS	UBR				POLICY EXP (MM/DD/YYYY)	LIMITS				
TZ COMMEDIAL CENERAL HARMITY	INSD Y	1	POLICY NUMBER					000,000			
CLAIMS-MADE X OCCUR	Y	N	1000090741231		11/1/2023	11/1/2024	DALLAGE TO DELITED	000,000			
							1	t Applicable			
								000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:								,000,000			
X POLICY PRO- JECT LOC								,000,000			
OTHER:							s				
AUTOMOBILE LIABILITY			NOT APPLICABLE				COMBINED SINGLE LIMIT (Ea socident) \$ XX	XXXXX			
ANY AUTO		Į				İ		XXXXX			
OWNED SCHEDULED AUTOS ONLY AUTOS								XXXXX			
HIRED NON-OWNED AUTOS ONLY							DROOFFEW/DILLIOF	XXXXX			
AOTOS ONE!							11 01 00000111	XXXXX			
UMBRELLA LIAB OCCUR			NOT APPLICABLE					xxxxx			
EXCESS LIAB CLAIMS-MADE								XXXXXX			
DED RETENTION \$								XXXXXX			
WORKERS COMPENSATION	lt		NOT APPLICABLE				PER OTH-	27171717171			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								XXXXX			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$ XX				
If yes, describe under DESCRIPTION OF OPERATIONS below								XXXXXX			
DESCRIPTION OF OPERATIONS BEROW							E.C. DISEASE - FOELOF CHMIT \$ A	244444			
							_				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED. All operations covering the business of the Insured. This policy and limits of coverage apply to each and every mining permit issued by the State of Pennsylvania for the Named Insured. Blasting is included under the GL policy. The insurer shall notify the department 30 days prior to substantive changes being made in the policy, or prior to termination or failure to renew. Commonwealth of Pennsylvania is included as additional insured if required by written contract with respect to General Liability per the terms and conditions of the policy.											
						~	* .				
CERTIFICATE HOLDER				CANC	ELLATION	See Atta	chment				
16922036 Commonwealth of Pennsylvania Department of Environmental Pr		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									
Bureau of Mining & Reclamation P.O. Box 8461 Harrisburg PA 17105-8464											



11/1/2024

DATE (MM/DD/YYYY) 9/27/2024

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				ficate holder in lieu of su	TOU BUILD	.vroemenus	₹•					
	DUCER Lockton Companies, LLC				CONTACT NAME:							
	Three City Place Drive, Suite 900	1			PHONE FAX (A/C, No, Ext): (A/C, No):							
	St. Louis MO 63141-7081				E-MAIL ADDRESS:							
	(314) 432-0500 midwestcertificates@lockton.com	1		ľ	untel	INSURER(S) AFFORDING COVERAGE NAME						
					INSURE			Liability Company		38318		
INSUI	I I INSCII Mining (amnany i i i	•			INSURE	RB:						
148]	c/o CONSOL Energy Inc.			**************************************	INSURE	RC:						
	275 Technology Drive, Suite 101				INSURER D:							
	Canonsburg PA 15317				INSURER E :							
					INSURE	RF:						
		_		NUMBER: 2099130				REVISION NUMBER:		XXXXX		
IN CE	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			SUBR WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMITS	3			
Α		Y	N	1000090741231		11/1/2023	11/1/2024	EACH OCCURRENCE	\$ 5.00	00,000		
••	CLAIMS-MADE X OCCUR			. SOUGS OF TIME!		- 1, 1, 2, 2, 2, 3	l I	DAMAGE TO RENTED PREMISES (Ea occurrence)		0,000		
								MED EXP (Any one person)		Applicable		
					ļ			PERSONAL & ADV INJURY		00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		000,000		
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		000,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY			NOT APPLICABLE		-		COMBINED SINGLE LIMIT (Ea accident)	\$ XX	XXXXX		
	ANY AUTO							BODILY INJURY (Per person)	\$ XX	XXXXX		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$ XX	XXXXX		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		XXXXX		
									\$ XX	XXXXX		
	UMBRELLA LIAB OCCUR	1		NOT APPLICABLE				EACH OCCURRENCE	\$ XX	XXXXX		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ XX	XXXXX		
	DED RETENTION \$								\$ XX	XXXXX		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NOT APPLICABLE				PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$ XX	XXXXX		
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYEE	\$ XX	XXXXX		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ XX	XXXXX		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All operations covering the business of the Insured. This policy and limits of coverage apply to each and every mining permit issued by the State of Pennsylvania for the Named Insured. Blasting is included under the GL policy. The insurer shall notify the department 30 days prior to substantive changes being made in the policy, or prior to termination or failure to renew. Somerset Trust Company is included as additional insured if required by written contract with respect to General Liability per the terms and conditions of the policy.												
<u> </u>	RTIFICATE HOLDER				CANO	ELLATION	Can Aug	ahment				
CEI	20991300 Somerset Trust Company 131 North Center Avenue			,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	P.O. Box 1330 Somerset PA 15501				© 1988-2015 ACORD CORPORATION. All rights reserved					its reserved		



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DATE (MM/DD/YYYY) 9/27/2024

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B	ELO EPR	OW. THIS CERTIFICATE C RESENTATIVE OR PRODUC	F INSU	JRA D TI	NCE HE CI	DOES NOT CONSTITUT ERTIFICATE HOLDER.	TE A C	ONTRACT I	BETWEEN T	HE ISSUING INSURE	R(S), A	UTHORIZED	
IP If	IPO SUI	DRTANT: If the certificate h	older is ubject t	an o th	ADD	ITIONAL INSURED, the present and conditions of the	e polic	y, certain po	olicies may i	IAL INSURED provision	ns or b	e endorsed. tatement on	
		certificate does not confer ri		the	cert	ificate holder in lieu of su	CONTA).				
PRO	DUCE	ER Lockton Companies, LLC					NAME:			T FAV			
		Three City Place Drive, S St. Louis MO 63141-7081		;			PHONE (A/C, No	e. Ext):		FAX (A/C, No):		
		(314) 432-0500					E-MAIL ADDRE	86:					
		midwestcertificates@lock	ton.com	1				INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
							INSURE	RA: Starr Inc	demnity & I	Liability Company		38318	
INSU							INSURER B:						
148	129	c/o Consolidation Coal Co					INSURE	RC:					
		275 Technology Drive, St	iite 101				INSURE	RD:				:	
		Canonsburg PA 15317					INSURE	RE:					
							INSURE	RF:					
		RAGES				NUMBER: 1692203				REVISION NUMBER:	XΣ	XXXXX	
IN C	IDIC. ERTI	IS TO CERTIFY THAT THE PO CATED. NOTWITHSTANDING A IFICATE MAY BE ISSUED OR USIONS AND CONDITIONS OF	NY REC MAY PI	QUIF ERT	REME! AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	of an' Ed by	y contract The policies	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR		TYPE OF INSURANCE	, IA	DDL	SUBR			POLICY EFF (MM/DD/YYYY)		LII	IITS		
A	х			Y	N	1000090741231		11/1/2023	11/1/2024	EACH OCCURRENCE	-1	000,000	
71		CLAIMS-MADE X OCCU	- 1	•	1''	1000090741231		11/1/2023	11/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		000,000	
										MED EXP (Any one person)		t Applicable	
	-									PERSONAL & ADV INJURY		000,000	
	GE	EN'L AGGREGATE LIMIT APPLIES PEF	2.							GENERAL AGGREGATE		,000,000	
	X	¬ — — —								PRODUCTS - COMP/OP AG		,000,000	
		OTHER:								111000010 00111170: 710	\$	000,000	
	AU	ITOMOBILE LIABILITY				NOT APPLICABLE				COMBINED SINGLE LIMIT (Ea accident)	\$ XX	XXXXX	
		ANY AUTO								BODILY INJURY (Per person		XXXXX	
		OWNED SCHEDULE AUTOS	∄D							BODILY INJURY (Per accide		XXXXXX	
		HIRED NON-OWN AUTOS ONLY								PROPERTY DAMAGE (Per accident)		XXXXX	
		AUTOS CIRCI	"-"							(Let gerseent)		XXXXXX	
		UMBRELLA LIAB OCCUI	₹			NOT APPLICABLE				EACH OCCURRENCE		XXXXX	
	ļ	1 - varas	S-MADE							AGGREGATE		XXXXXX	
		DED RETENTIONS										XXXXX	
		RKERS COMPENSATION				NOT APPLICABLE				PER OTH- STATUTE ER	1	** ** ** ** ** ** ** ** ** ** ** ** **	
	ANY	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE	Y/N							E.L. EACH ACCIDENT		XXXXX	
	(Mai	FICER/MEMBER EXCLUDED? andatory in NH)	 	A\V						E.L. DISEASE - EA EMPLOY		XXXXX	
	If ye	es, describe under SCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIM	1	XXXXX	
DES THIS	CRIPT	PTION OF OPERATIONS / LOCATIONS TIFICATE SUPERSEDES ALL PREVIOUS	/ VEHICLE	S (A	CORD	101, Additional Remarks Schedu ATES FOR THIS HOLDER, APPLICA	le, may be	e attached if more	e space is require	od) OLICY TERM(S) REFERENCE).	<u> </u>	
All o inclu	perati ded u	tions covering the business of the Insu under the GL policy. The insurer shall ania is included as additional insured i	red. This p notify the	polic; depa	y and 1 artmen	limits of coverage apply to each a t 30 days prior to substantive char	nd every : nges bein	mining permit iss g made in the po	sued by the State licy, or prior to to	of Pennsylvania for the Nam ermination or failure to renew	d Insured.	Blasting is wealth of	
CE	RTIE	FICATE HOLDER					CANO	ELLATION	See Atta	chment			
16922037 Commonwealth of Pennsylvania Department of Environmental Protection Bureau of Mining & Reclamation P.O. Box 8461							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						

Harriqburg PA 17105-8465



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	ertificate does not confer rights t	o the	certi	ficate holder in lieu of su							
PRODUC	R Lockton Companies, LLC				CONTACT NAME:						
	Three City Place Drive, Suite 90	10			PHONE FAX (A/C, No, Exi): (A/C, No):						
	St. Louis MO 63141-7081				E-MAIL ADDRESS:						
	(314) 432-0500				INSURER(S) AFFORDING COVERAGE NAIC						
	midwestcertificates@lockton.co	111			INSTIRE				38318		
INSURED	Heliotic Cool Comment				INSURER A: Starr Indemnity & Liability Company 3831						
148129	Helvetia Coal Company c/o Consolidation Coal Compan	.,			INSURE						
	275 Technology Drive, Suite 10				INSURE						
	Canonsburg PA 15317	•									
	6				INSURE						
COVE	ACEC CED	T1C1/	- A T F	MIMBED. 0000100	INSURE	RF:		DELICATION NO. 3	/3/3/3/3/3/3/		
COVE				NUMBER: 2099130		N ISSUED TO			OLICY DEBIOD		
INDIC CERT	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		SUBR WVD					LIMITS			
177	COMMERCIAL GENERAL LIABILITY	Y			t				,000,000		
A A	CLAIMS-MADE X OCCUR	Y	N	1000090741231	-	11/1/2023	11/1/2024		,000,000		
	CLAIMS-MADE X OCCOR				l						
<u> </u>									lot Applicable		
-	J								,000,000		
	N'L AGGREGATE LIMIT APPLIES PER:								0,000,000		
X	POLICY PRO- JECT LOC				- 1			PRODUCTS - COMP/OP AGG \$ 1	0,000,000		
	OTHER:	-		NOT APPLICABLE				COMBINED SINCIE LIMIT			
	3			NOI APPLICABLE	- 1			(Ea accident)	XXXXXX		
l ⊢	ANY AUTO OWNED SCHEDULED								XXXXXX		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ }	XXXXXX		
l	AUTOS ONLY AUTOS ONLY								XXXXXX		
								\$ 2	XXXXXX		
[UMBRELLA LIAB OCCUR			NOT APPLICABLE				EACH OCCURRENCE \$ 3	XXXXXX		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$ >	XXXXXX		
	DED RETENTION \$							s >	XXXXXX		
	RKERS COMPENSATION DEMPLOYERS' LIABILITY			NOT APPLICABLE				PER OTH- STATUTE ER			
AN	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A						E.L. EACH ACCIDENT \$ }	XXXXXX		
l (Ma	ndatory in NH)	"'						E.L. DISEASE - EA EMPLOYEE \$ >	XXXXXX		
DE	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ >	XXXXXX		
								•			
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L	FIGATE HOLDER				~		G-: 44	-1			
CERT	FICATE HOLDER				CANC	ELLATION	See Atta	chment			
3	20991303 Somerset Trust Company 31 North Center Avenue				THE ACC	EXPIRATION ORDANCE WI	DATE THI	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE EY PROVISIONS.			
1	P.O. Box 1330 Comerset PA 15501				AUTHO	RIZEO REPRESE	U	inl			
						© 19	88-20 15 AC	ORD CORPORATION. All I	iahts reserved.		



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th	is c	ertificate does not confer rights t	o the		ificate holder in lieu of su				oquito un chaoracinon		atomont on		
PRODUCER Lockton Companies, LLC							CONTACT NAME:						
Three City Place Drive, Suite 900							PHONE FAX (A/C, No. Ext): (A/C, No.):						
		St. Louis MO 63141-7081				LADURESS:							
		(314) 432-0500				ADDRE		NEEDIEL ACCOR	DING COVERAGE		NAIC#		
		midwestcertificates@lockton.co	m			INSURE			DING COVERAGE Liability Company		38318		
INSU			LC		11111	INSURE	RB:						
148	129	c/o CONSOL Energy Inc.				INSURE	RC:						
		275 Technology Drive, Suite 10	1			INSURE							
		Canonsburg PA 15317				INSURER E:							
						INSURE	***************************************						
COV	/FF	RAGES CER	TIFIC	CATE	NUMBER: 1692203		ж.		REVISION NUMBER:	VV	XXXXX		
		IS TO CERTIFY THAT THE POLICIES					N ISSUED TO						
ΙN	DIC.	ATED. NOTWITHSTANDING ANY REIFICATE MAY BE ISSUED OR MAY	QUIF	REME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER D	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
	CLI	USIONS AND CONDITIONS OF SUCH				BEEN							
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	X	COMMERCIAL GENERAL LIABILITY	Y	N	1000090741231		11/1/2023	11/1/2024	EACH OCCURRENCE	\$ 5,0	00,000		
		CLAIMS-MADE X OCCUR					,,,		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5.0	00,000		
									MED EXP (Any one person)	\$ No	t Applicable		
									PERSONAL & ADV INJURY		00,000		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		000,000		
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		OTHER:					389		TROBUSTO - COINT FOT ACC	\$ 10,	000,000		
	AU.	TOMOBILE LIABILITY			NOT APPLICABLE				COMBINED SINGLE LIMIT	·	XXXXX		
		ANY AUTO							(Ea accident) BODILY INJURY (Per person)		·····		
		OWNED SCHEDULED							BODILY INJURY (Per accident)		XXXXX		
		AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE		XXXXX		
		AUTOS ONLY AUTOS ONLY	1						(Per accident)		XXXXX		
			 								XXXXX		
		UMBRELLA LIAB OCCUR			NOT APPLICABLE				EACH OCCURRENCE		XXXXX		
		EXCESS LIAB CLAIMS-MADE	ļ						AGGREGATE	\$ XX	XXXXX		
		DED RETENTIONS	ļ						050	\$ XX	XXXXX		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N			NOT APPLICABLE				PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ XX	XXXXX		
	(Ma	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$ XX	XXXXX		
	DES	es, describe under SCRIPTION OF OPERATIONS below	<u></u>						E.L. DISEASE - POLICY LIMIT	\$ XX	XXXXX		
DEC	, DID.	TION OF OBERATIONS II COATIONS AUTHOR	E6 /	VCCP5	101 Additional Description Set and	la m	n ottophe diff acco		. J.	·····			
THIS O	CERT ierat	TION OF OPERATIONS / LOCATIONS / VEHIC: ITFICATE SUPERSEDES ALL PREVIOUSLY ISSU ions covering the business of the Insured. Th ander the GL policy. The insurer shall notify t	IED CE is poli	RTIFIC cv and	ATES FOR THIS HOLDER, APPLICATION APPLICATION IN THE STATE OF COVERAGE APPLY TO EACH A	ABLE TO ' and every	THE CARRIERS LI mining permit is	ISTED AND THE I sued by the State	OLICY TERM(S) REFERENCED. of Pennsylvania for the Named	Insured.	Blasting is		
Penns	ylva	inia is included as additional insured if require	ne aep ed by v	arımen vritten	contract with respect to General I	nges bein Liability j	ng made in the po per the terms and	conditions of the	emination of fatture to renew. C	ommonv	veaun of		
CE	RTII	FICATE HOLDER	······			CAN	CELLATION	See Atta	chment				
16922034					THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL I Y PROVISIONS.					

ACORD 25 (2016/03)

P.O. Box 8461

Commonwealth of Pennsylvania Department of Environmental Protection

Bureau of Mining & Reclamation

Harrisburg PA 17105-8462

AUTHORIZED REPR**ESENTA<u>TIV</u>E**

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11/1/2024

DATE (MM/DD/YYYY) 9/27/2024

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)

	ertificate does not confer rights to	o the	certi	ficate holder in lieu of su	ich end	dorsement(s)				
PRODUCE	R Lockton Companies, LLC				CONTACT NAME:						
	Three City Place Drive, Suite 90	0			PHONE FAX [A/C, No, Ext); (A/C, No):						
	St. Louis MO 63141-7081				E-MAIL ADDRESS:						
	(314) 432-0500 midwestcertificates@lockton.com	123			INSURER(S) AFFORDING COVERAGE NAIC #						
	indwestcerincates@iockton.com	111			INSURE				38318		
INSURED	Laurel Run Mining Company LI	· C			INSURER B: 383						
148129	5 c/o CONSOL Energy Inc.				INSURE						
	275 Technology Drive, Suite 101	ì			INSURE						
	Canonsburg PA 15317				INSURE						
					INSURE						
COVER	AGES CER	TIFIC	CATE	NUMBER: 2099130		11.1		REVISION NUMBER: X	XXXXXX		
INDICA CERTII	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			SUBR WVD				POLICY EXP (MM/DD/YYYY)	LIMITS			
37	COMMERCIAL GENERAL LIABILITY	INSD Y	WVD N						,000,000		
AX	CLAIMS-MADE X OCCUR	1	IN	1000090741231		11/1/2023	11/1/2024	DAMAGE TO DESITED	,000,000		
									lot Applicable .000,000		
GEN	*L AGGREGATE LIMIT APPLIES PER:								0,000,000		
X X	POLICY PRO- LOC								0,000,000		
1	OTHER:							S	0,000,000		
AUT	OMOBILE LIABILITY			NOT APPLICABLE				COMPLIED OWOLE LINE	XXXXXX		
	ANY AUTO								XXXXXXX		
	OWNED SCHEDULED AUTOS								XXXXXXX		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY PALLACE	XXXXXXX		
	AUTOS ONET							(1 0) 600/60/10	XXXXXX		
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	EXCESS LIAB CLAIMS-MADE								XXXXXX		
	DED RETENTION\$								XXXXXX		
	KERS COMPENSATION EMPLOYERS' LIABILITY			NOT APPLICABLE				PER OTH- STATUTE ER			
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A							XXXXXX		
(Man	CERMEMBER EXCLUDED?	N I A						E.L. DISEASE - EA EMPLOYEE \$ X	XXXXXX		
DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ X	XXXXXX		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All operations covering the business of the Insured. This policy and limits of coverage apply to each and every mining permit issued by the State of Pennsylvania for the Named Insured. Blasting is included under the GL policy. The insurer shall notify the department 30 days prior to substantive changes being made in the policy, or prior to termination or failure to renew. Somerset Trust Company is included as additional insured if required by written contract with respect to General Liability per the terms and conditions of the policy.											
OFFI	COATE HOLDER				06515	NELL A ELO.:	G - 4	-1			
CERTIF	ICATE HOLDER				CANC	CELLATION	See Attac	cnment			
So	0991301 omerset Trust Company 31 North Center Avenue				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
P.	O. Box 1330 omerset PA 15501				AUTHORIZED REPRESENTATIVE						
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