

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/25/2023

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 ng	ints to the certificate holder in hed of such	endorsemer	ıı(s).				
PRODUCER		CONTACT NAME:					
Aon Risk Services Central, I Chicago IL Office 200 East Randolph Chicago IL 60601 USA	inc.	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105					
		E-MAIL ADDRESS:			_		
			NAIC#				
INSURED		INSURER A:	Zurich American Ins	s Co	16535		
Ardent Mills Holdings LP 1875 Lawrence Street Ste. 1200 Denver CO 80202 USA		INSURER B:	American Zurich Ins	S Co	40142		
		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 5700995436	00	REVIS	ION 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.

Limits shown are as requested.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	wii are as requesteu
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	GL0463567800		(MM/DD/YYYY) 06/01/2024	EACH OCCURRENCE	\$5,000,000
		CLAIMS-MADE X OCCUR					, ,	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000
	Х	Contractual Liability						MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$5,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$10,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$10,000,000
		OTHER:							
Α	AU'	TOMOBILE LIABILITY			BAP 4635677 00	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Х	ANYAUTO						BODILY INJURY (Per person)	
		OWNED SCHEDULED						BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	
		AUTOS ONET							
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	
		DED RETENTION							
В		ORKERS COMPENSATION AND MPLOYERS' LIABILITY Y/N			WC452408200 AOS	06/01/2023	06/01/2024	X PER STATUTE OTH-	
А	AN	Y PROPRIETOR / PARTNER / EXECUTIVE	N/A		WC452408300	06/01/2023	06/01/2024	E.L. EACH ACCIDENT	\$1,000,000
	(M	landatory in NH)	11/ A		CA & MA	, , ,	, ,	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	\$1,000,000
	<u> </u>	TION OF OPERATIONS / LOCATIONS / VEHICL			<u> </u>		<u> </u>		

Evidence of coverage.

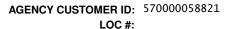
CEDTIEICATE HOI DED	CANCELLATION

Ardent Mills, LLC 1875 Lawrence St., Suite 1200 Denver CO 80202 USA

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

Aon Risk Services Central Inc.





ADDITIONAL REMARKS SCHEDULE

ADDITIONAL TEMATING SOTILBULE Fage _ 01 _							
AGENCY		NAMED INSURED	,				
Aon Risk Services Central, Inc.		Ardent Mills Holdings LP					
POLICY NUMBER See Certificate Number: 570099543600							
CARRIER	NAIC CODE						
See Certificate Number: 570099543600		EFFECTIVE DATE:					

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER: ACORD 25	FORM TITLE: Certificate of Liability Insurance			
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	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER		

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
А		N/A		EWS463568000 WI SIR applies per policy te		06/01/2024 ons		