



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
12/19/2013

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Wells Fargo Ins Services USA, Inc. (CIN) 1014 Vine Street, Ste 1100 Cincinnati OH 45202-1195 wfs.wellsfargo.com		COMPANY Federal Insurance Company		BINDER # 811590	
PHONE (A/C, No, Ext): (513) 333-0909		FAX (A/C, No):			
CODE: AGENCY CUSTOMER ID: 183459		SUB CODE:			
INSURED Buckeye Brine, LLC  2630 Exposition Blvd., Suite 117 Austin TX 78703		DATE EFFECTIVE 12/19/2013		TIME 12:01	
		DATE EXPIRATION 12/19/2014		TIME 12:01 AM	
		X		PM	
		X		NOON	
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:					
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Umbrella Liability					

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE	\$	
		DAMAGE TO RENTED PREMISES	\$	
		MED EXP (Any one person)	\$	
		PERSONAL & ADV INJURY	\$	
		GENERAL AGGREGATE	\$	
		PRODUCTS - COMP/OP AGG	\$	
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT	\$	
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
		STATED AMOUNT	\$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT	\$	
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT	\$	
		AGGREGATE	\$	
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		EACH OCCURRENCE	\$	4,000,000
		AGGREGATE	\$	4,000,000
		SELF-INSURED RETENTION	\$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT	\$	
		E.L. DISEASE - EA EMPLOYEE	\$	
		E.L. DISEASE - POLICY LIMIT	\$	
SPECIAL CONDITIONS / OTHER COVERAGES	COVERAGE BOUND PBR INSTRUCTIONS ON FILE WITH THE INSURANCE CARRIER	FEES	\$	
		TAXES	\$	
		ESTIMATED TOTAL PREMIUM	\$	

## NAME & ADDRESS

		MORTGAGEE	ADDITIONAL INSURED
		LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE	<i>Don Schaefer</i>





# INSURANCE BINDER

DATE (MM/DD/YYYY)  
12/19/2013

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

<b>AGENCY</b> Wells Fargo Ins Services USA, Inc. (CIN) 1014 Vine Street, Ste 1100 Cincinnati OH 45202-1195 wfs.wellsfargo.com		<b>COMPANY</b> Federal Insurance Company		<b>BINDER #</b> 811555	
<b>PHONE</b> (A/C, No, Ext): (513) 333-0909		<b>FAX</b> (A/C, No):		<b>DATE</b> <b>EFFECTIVE</b> <b>TIME</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>DATE</b> <b>EXPIRATION</b> <b>TIME</b>	
<b>AGENCY</b> <b>CUSTOMER ID:</b> 183469		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		12/19/2013 12:01 X AM 12/19/2014 X 12:01 AM NOON	
<b>INSURED</b> Buckeye Brine, LLC  2630 Exposition Blvd, Suite 117 Austin TX 78703		<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY</b> (Including Location) Commercial Package			

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Oil and Gas Lease Property Personal Property in Transit Installation	50,000 50,000 50,000		2,284,221 500,000 500,000
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/PROP AGG	\$ \$ \$ \$ \$ \$	1,000,000 1,000,000 10,000 1,000,000 2,000,000 1,000,000
<b>VEHICLE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$
<b>VEHICLE PHYSICAL DAMAGE</b> <input type="checkbox"/> DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE STATED AMOUNT	\$ \$	
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
<b>SPECIAL CONDITIONS / OTHER COVERAGES</b>	COVERAGE BOUND PER INSTRUCTIONS ON FILE WITH THE INSURANCE CARRIER	FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

## NAME & ADDRESS

MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
LOAN #	
AUTHORIZED REPRESENTATIVE <i>Steve Schaefer</i>	