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ACORD	INSURA	NCE BINDER	₹			12/19/2013
THIS BINDER IS A TEMPORARY	INSURANCE CONTRACT, SUB	JECT TO THE CONDITIO	NS SHOWN ON	THE REVER		
SENCY		COMPANY			BINDER #	A TIME I OK
ells Pargo Ins Services US	Federal Insura	ince Company		811590		
1014 Vine Street, Ste 1100			CTIVE TIME			NOTES
Cincinnati OH 45202-1195 wfis.wellsfargo.com			x	AM	VALE	X 1201
		12/19/2013	12:01	PM 1	2/19/2014	
PHONE (AC, No, Ext): (513) 333-0909	FAX (A/C, No):	THIS BINDER IS IS	SUED TO EXTEND COV	ERAGE IN THE A	ABOVE NAMED	
CODE: AGENCY	SUB CODE:	PER EXPIRING PO				
AGENCY CUSTOMER ID. 183469 INSURED		DESCRIPTION OF OPER		OPERTY (Includin	ng Location)	
Buckeye Brine, LLC 2630 Exposition B Austin TX 78703		Umbrella Liabi				
COVERAGES					LIMITE	
TYPE OF INSURANCE	COVER	AGE/FORMS	DEDU	CTIDLE CO.	LIMITS	
PROPERTY CAUSES OF LOSS	COTEN	- Contract	DEDU	CTIBLE CO	NS %	AMOUNT
BASIC BROAD SPEC						
GENERAL LIABILITY		E Transaction	FACU	OCCURRENCE	s	
COMMERCIAL GENERAL LIABILITY			DAMAG		5	
CLAIMS MADE OCCUR				XP (Any one person		
			the Address of the Parket of t	NAL & ADVINJU		
				RAL AGGREGATE		
	RETRO DATE FOR CLAIMS MADE:			JCTS - COMPJOP		
VEHICLE LIABILITY		177-74-4		NED SINGLE LIM	-	
ANY AUTO				/ INJURY (Per per		
ALL OWNED AUTOS				/ INJURY (Per acc		
SCHEDULED AUTOS				RTY DAMAGE	5	
HIRED AUTOS				MEDICAL PAYMENTS \$		
NON-OWNED AUTOS				NAL INJURY PRO		
				URED MOTORIST		
					5	
VEHICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDU	JLED VEHICLES	AC	TUAL CASH VAL	UE	
COLLISION			SI	TATED AMOUNT	3	
OTHER THAN COL						
GARAGE LIABILITY			AUTO	ONLY - EA ACCID	ENT S	
ANY AUTO			OTHER	THAN AUTO ON	LY:	
				EACH ACCID	DENT \$	
				ASGREO	SATE \$	
EXCESS LIABILITY			EACH C	CCURRENCE	\$	4,000,000
X UMBRELLA FORM			AGGRE	GATE	5	4,000,000
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:		SELF-IN	SURED RETENT	ON \$	
WORKER'S COMPENSATION			VA.	STATUTORY LI	MITS	
AND			E.L. EA	CH ACCIDENT	5	
EMPLOYER'S LIABILITY			E.L. DIS	EASE - EA EMPL	OYEE \$	
				EASE - POLICY L	JMIT S	
SPECIAL COVERAGE BOUND PER INSTRUCTIONS ON FILE WITH THE INSURANCE CARRIER CONDITIONS/			R FEES		S	
OTHER COVERAGES			TAXES		8	
			ESTIMA	TED TOTAL PRE	MIUM S	
NAME & ADDRESS						
		MORTGAGEE	ADDITIONAL II	NSURED		
	LOSS PAYEE					
		LOAN#				
		AUTHODITES SESSEE				
		AUTHORIZED REPRESENT	TATIVE The 8	Alule.		
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THIS BINDER IS A TEMPORARY	INSURANCE CONTRACT, SUBJECT	TO THE CONDITIO	ONS SHOWN	ON THE RE	EVERSE S	IDE O	F THIS FORM	
TENCY	TENCY			COMPANY BIND				
ells Fargo Ins Services US	SA, Inc. (CIN)	Federal Insurance Company				811555		
1014 Vine Street, Ste 1100				ME.		EXPIRATION		
Cincinnati OH 45202-1195 wfis.wellsfargo.com				X AV		-	X 1201 A	
		12/19/2013	12:01	PM	12/19	/2014	NOON	
PHONE (A/C, No, Ext): (513) 333-0909	FAX (A/C, No):	THIS BINDER IS I	SSUED TO EXTEN	D COVERAGE IN	N THE ABOVE	NAMED		
CODE:	SUB CODE:	PER EXPIRING P						
AGENCY CUSTOMER ID: 183469		DESCRIPTION OF OPE	RATIONSVEHICLE	SPROPERTY (including Loca	tion)		
Buckeye Brine, LLC 2630 Exposition Bl Austin TX 78703		Commercial Pa	ckage					
COVERAGES								
TYPE OF INSURANCE	CONTRACTOR				LIMI	IS		
PROPERTY CAUSES OF LOSS	COVERAGE/FO	ORMS		DEDUCTIBLE	COINS %		AMOUNT	
BASIC BROAD X SPEC	Oil and Gas Lease Property Personal Property in Transit		2016 - 1 7	50,000			2,284,22	
The Brond A SPEC	Installation			50,000 50,000			500,00	
GENERAL LIABILITY				EACH OCCURRE	ENCE	5	1,000,000	
X COMMERCIAL GENERAL LIABILITY	章 第二章			DAMAGE TO RENTED PREMIS		5	1,000,000	
CLAIMS MADE X OCCUR				MED EXP (Any o		3	10,000	
	ite and a little of			PERSONAL & AL		3	1,000,000	
	The test the Walnut of the Asset of			SENERAL AGGR		3	2,000,000	
	RETRO DATE FOR CLAIMS MADE:			RODUCTS - CC		S	1,000,000	
VEHICLE LIABILITY				COMBINED SING		5	2,000,000	
_ ANY AUTO				ODILY INJURY		5		
ALL OWNED AUTOS						3		
SCHEDULED AUTOS				PROPERTY DAMAGE MEDICAL PAYMENTS				
HIRED AUTOS								
NON-DWNED AUTOS				PERSONAL INJURY PROT		3		
			_	ININSURED MO		s		
					- Citabi	5		
VEHICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULED V	EHICLES	9.0	ACTUAL CA	SHIVALLE	-		
COLLISION				STATEDAM		5		
OTHER THAN COL:				DINIEDAS	OUN			
GARAGE LIABILITY				UTO ONLY - EA	ADDIDENT	5		
ANY AUTO				THER THAN AU		,		
	American Telephone			12000	HACCIDENT			
					GGREGATE			
EXCESS LIABILITY		Control of the second		ACH OCCURRE		5		
UMBRELLA FORM				AGGREGATE				
OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE.		_	ELF-INSURED R	ETENTION	3		
4		1 1 3 1 1 1 1 1 1	-	1 2000000000000000000000000000000000000	ORY LIMITS	,		
WORKER'S COMPENSATION			-	L EACH ACCID				
EMPLOYER'S LIABILITY				L DISEASE - EA		5		
				L DISEASE - PO				
SPECIAL COVERAGE BOUND PE	R INSTRUCTIONS ON PILE WITH THE	INSUPANCE CAPPT		EES.	ODC! DMI	\$		
CONDITIONS /			25000	AXES		5		
COVERAGES					U DOCUMEN			
NAME & ADDRESS				STIMATED TOTA	PREMIUM	3		
		MORTGAGEE	400/74	MAI INCOME				
	LOSS PAYEE	ADDITIO	NAL INSURED					
		LOAN#						
J								
		AUTHORIZED REPRESEN	TATIVE	1				
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