



# CERTIFICATE OF INSURANCE

File # 1007 / ISSUE DATE (MM/DD/YY) 001 04/01/85

**PRODUCER**

**0010**

Alexander & Alexander, Inc.  
200 Charlois Boulevard  
P. O. Box 2896  
Winston-Salem, North Carolina 27102

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**

Valley Camp of Utah, Inc.  
Scofield Route  
Helper, Utah 84526

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER	A The Home Indemnity Company
COMPANY LETTER	B To Be Advised ✓
COMPANY LETTER	C To Be Advised
COMPANY LETTER	D
COMPANY LETTER	E

### COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	<b>GENERAL LIABILITY</b>	GL994325	4/1/85	4/1/86	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS				BI & PD COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY		\$ 1,000
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
A	<b>AUTOMOBILE LIABILITY</b>	BA 991496	4/1/85	4/1/86	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$ 1,000	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
A	<b>EXCESS LIABILITY</b>	To Be Advised			BI & PD COMBINED	\$ 1,000	\$ 1,000
	<input type="checkbox"/> UMBRELLA FORM						
A	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WCP999236	4/1/85	4/1/86	STATUTORY		
						\$1,000 (EACH ACCIDENT)	
						\$1,000 (DISEASE-POLICY LIMIT)	
A	<b>OTHER</b>					\$1,000 (DISEASE-EACH EMPLOYEE)	

RECEIVED

APR 05 1985

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

All operations/Locations/Vehicles

DIVISION OF OIL GAS & MINING

**CERTIFICATE HOLDER**

Division of Oil, Gas, and Mining  
Department of Natural Resources  
4241 State Office Building  
Salt Lake City, Utah  
ATTN: Mr. Ron Daniels

**CANCELLATION** or materially change

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY ~~WILL REFUND~~ WILL MA~~30~~ 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*John W. Hunt / S*