acord CERTIFICATE OF INSURANCE

Valley Camp 1/00A/001 #5

ISSUE DATE (MM/DD/YY): 04/01/85

PRODUCER

0048

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

INSURED

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

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	The Home Indemnity Company
COMPANY LETTER	B	U. S. Fire Insurance Company
COMPANY LETTER	C	
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	GENERAL LIABILITY X COMPREHENSIVE FORM X PREMISES/OPERATIONS X UNDERGROUND EXPLOSION & COLLAPSE HAZARD X PRODUCTS/COMPLETED OPERATIONS X CONTRACTUAL X INDEPENDENT CONTRACTORS X BROAD FORM PROPERTY DAMAGE X PERSONAL INJURY	GL994325	4/1/85	4/1/86	BODILY INJURY	$	$
					PROPERTY DAMAGE	$	$
					BI & PD COMBINED	$ 1,000	$ 1,000
					PERSONAL INJURY		$ 1,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS (PRIV. PASS.) ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	BA 991496	4/1/85	4/1/86	BODILY INJURY (PER PERSON)	$	
					BODILY INJURY (PER ACCIDENT)	$	
					PROPERTY DAMAGE	$	
					BI & PD COMBINED	$ 1,000	
B	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM	523398803	4/1/85	4/1/86	BI & PD COMBINED	$ 1,000	$ 1,000
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WCP999236	4/1/85	4/1/86	STATUTORY		
					$ 1,000 (EACH ACCIDENT)		
					$ 1,000 (DISEASE-POLICY LIMIT)		
					$ 1,000 (DISEASE-EACH EMPLOYEE)		
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

All operations/Locations/Vehicles

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED or materially chan BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDEAVOR TO~~ MAIL 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

ACORD 25 (2/84)

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