FOLDER 3 FILE ACT/007/001

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 04/01/86

PRODUCER

0066

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 | |
| 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**<br>X COMPREHENSIVE FORM<br>X PREMISES/OPERATIONS<br>X UNDERGROUND EXPLOSION & COLLAPSE HAZARD<br>X PRODUCTS/COMPLETED OPERATIONS<br>X CONTRACTUAL<br>X INDEPENDENT CONTRACTORS<br>X BROAD FORM PROPERTY DAMAGE<br>X PERSONAL INJURY | GL994573 | 4/1/86 | 4/1/87 | BODILY INJURY | $ | $ |
| | | | | | PROPERTY DAMAGE | $ | $ |
| | | | | | BI & PD COMBINED | $ 1,000 | $ 1,000 |
| | | | | | PERSONAL INJURY | | $ 1,000 |
| A | **AUTOMOBILE LIABILITY**<br>X ANY AUTO<br>ALL OWNED AUTOS (PRIV. PASS.)<br>ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)<br>HIRED AUTOS<br>NON-OWNED AUTOS<br>GARAGE LIABILITY | BA 995938 | 4/1/86 | 4/1/87 | BODILY INJURY (PER PERSON) | $ | |
| | | | | | BODILY INJURY (PER ACCIDENT) | $ | |
| | | | | | PROPERTY DAMAGE | $ | |
| | | | | | BI & PD COMBINED | $ 1,000 | |
| | **EXCESS LIABILITY**<br>UMBRELLA FORM<br>OTHER THAN UMBRELLA FORM | | | | BI & PD COMBINED | $ | $ |
| A | **WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY** | WCP999596 | 4/1/86 | 4/1/87 | 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 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 Stuart



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