



### Document Information Form

Mine Number: C/007/001  
File Name: INCOMING

To: DOGM

From: N/A  
Person

Company Florida of Lexington

Date Sent: 09/22/1994

Explanation: CERTIFICATE OF INSURANCE

cc:

File in: C/007.001.Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date \_\_\_\_\_ For additional information

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/19/94

**PRODUCER**  
 Acordia of Lexington  
 Lexington Green Two, Suite 410  
 3201 Nicholasville Road  
 Lexington, KY 40503-3311  
 606-273-6600

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 <b>A</b> | Federal Insurance Company |
| COMPANY LETTER <b>B</b> |                           |
| COMPANY LETTER <b>C</b> |                           |
| COMPANY LETTER <b>D</b> |                           |
| COMPANY LETTER <b>E</b> |                           |

**INSURED**  
 White Oak Mining & Const. Co.  
 PO Box 1409  
 Pikeville  
 KY 41501

SEP 22 1994

**COVERAGES**  
 THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                |
|--------|--|---------------|----------------------------------|-----------------------------------|---------------------------------------|
| A      | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.   | 3710-45-17    | 9/16/94                          | 9/16/95                           | GENERAL AGGREGATE \$ 200000           |
|        |  |               |                                  |                                   | PRODUCTS-COMP/OP AGG. \$ 200000       |
|        |  |               |                                  |                                   | PERSONAL & ADV. INJURY \$ 200000      |
|        |  |               |                                  |                                   | EACH OCCURRENCE \$ 200000             |
|        |  |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$ 10000   |
|        |  |               |                                  |                                   | MED. EXPENSE (Any one person) \$ 1000 |
| A      | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> GARAGE LIABILITY | BAP7320-38-21 | 9/16/94                          | 9/16/95                           | COMBINED SINGLE LIMIT \$ 200000       |
|        |  |               |                                  |                                   | BODILY INJURY (Per person) \$         |
|        |  |               |                                  |                                   | BODILY INJURY (Per accident) \$       |
|        |  |               |                                  |                                   | PROPERTY DAMAGE \$                    |
|        |  |               |                                  |                                   | EXCESS LIABILITY                      |
|        | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   |               |                                  |                                   | EACH OCCURRENCE \$                    |
|        |  |               |                                  |                                   | AGGREGATE \$                          |
|        |  |               |                                  |                                   | STATUTORY LIMITS                      |
|        | <b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>  |               |                                  |                                   | EACH ACCIDENT \$                      |
|        |  |               |                                  |                                   | DISEASE-POLICY LIMIT \$               |
|        |  |               |                                  |                                   | DISEASE-EACH EMPLOYEE \$              |
| OTHER  |  |               |                                  |                                   |                                       |

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 In C/007-001, 1994, Incoming  
 For additional information

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Permit #ACT/007/001, Belina Mine Complex, located: Mine Rd., off Eccles Canyon Rd., off Rt.96, Near Scofield, UT. \*Occurrence limits are not reduced by paid claims only Aggregate limits as provided by the ISO insurance form on policy.

**CERTIFICATE HOLDER**  
 Utah Dept of Natural Resources  
 Div. of Oil, Gas & Mining  
 355 W. North Temple  
 3 Triad Center, Ste. 350  
 Salt Lake City, UT 81480-1203

**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**  
  
 869353000