

ACT/007/001

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# AGORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
3/21/96

**PRODUCER**  
Alexander & Alexander Inc  
1660 West 2nd Street  
Ste 650, Skylight Office Tower  
Cleveland, OH 44113

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.

Yvonne Kinney  
(216) 621-8100

## COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Hartford Fire
- COMPANY LETTER **B** Hartford Casualty
- COMPANY LETTER **C** Twin City
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**  
Quaker State Corporation  
225 E. John Carpenter Freeway  
Irving, TX 75062

## 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	GENERAL LIABILITY	45CSED61303	4/01/96	4/01/98	GENERAL AGGREGATE \$ 1000000
X	COMMERCIAL GENERAL LIABILITY	90LPD61305 (CAN)			PRODUCTS-COMP/OP AGG. \$ 1000000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1000000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 100000
					MED. EXPENSE (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY	45CSED61308	4/01/96	4/01/98	COMBINED SINGLE LIMIT \$ 1000000
A	X ANY AUTO	45ABRP61301 (TX)			BODILY INJURY (Per person) \$
A	ALL OWNED AUTOS	90AID61309 (CAN)			BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				EACH OCCURRENCE \$
	NON-OWNED AUTOS				AGGREGATE \$
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
C	WORKER'S COMPENSATION	45WBRP61300	4/01/96	4/01/98	X STATUTORY LIMITS
B	AND EMPLOYERS' LIABILITY	45WND61302			EACH ACCIDENT \$ 1000000
					DISEASE-POLICY LIMIT \$ 1000000
					DISEASE-EACH EMPLOYEE \$ 1000000
	OTHER				

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DIV OF OIL, GAS & MINING

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS** Cancellation Provision added to policies "should policies be cancelled before expiration, 45 days written notice of cancellation will be mailed to State of Utah. Mine Name: Belina, State Permit #ACT/007/001.

**CANCELLATION**  
State of Utah  
Division of Oil, Gas & Mining  
355 W North Temple, 3 Triad Ctr  
Salt Lake City, UT 84180-1203

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 *Ralph E. Hoops*