ACT/007/001

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY) 9/22/98

PRODUCER

Acordia of Kentucky-Lex
Lexington Green Two, Suite 410
220 Lexington Green Circle
Lexington, KY 40503-3311
606-273-6600

FAX PFD

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INSURED

White Oak Mining & Const. Co.
HC 35, Box 370
Helper, UT 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 A: Natl Union Fire Ins Co of PA

COMPANY B: Federal Insurance Company

COMPANY C:

COMPANY D:

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	
	GENERAL LIABILITY					
B	[X] COMMERCIAL GENERAL LIABILITY	3710-45-17	9/16/98	9/16/99	GENERAL AGGREGATE	$ 2000000
	[ ] CLAIMS MADE [X] OCCUR				PRODUCTS-COMP/OP AGG	$ 2000000
	OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY	$ 2000000
B	[X] Inc. Explosive				EACH OCCURRENCE	$ 2000000
	Coverage				FIRE DAMAGE (Any one fire)	$ 100000
					MED EXP (Any one person)	$ 10000
	AUTOMOBILE LIABILITY					
B	[X] ANY AUTO	BAP7320-38-21	9/16/98	9/16/99	COMBINED SINGLE LIMIT	$ 2000000
	[ ] ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	[ ] SCHEDULED AUTOS					
	[X] HIRED AUTOS				BODILY INJURY (Per accident)	$
	[X] NON-OWNED AUTOS					
					PROPERTY DAMAGE	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	[ ] ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	[ ] UMBRELLA FORM				AGGREGATE	$
	[ ] OTHER THAN UMBRELLA FORM					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
A	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: [ ] INCL [ ] EXCL	WC565-43-99	6/01/98	6/01/99	EACH ACCIDENT	$ 1000000
					DISEASE - POLICY LIMIT	$ 1000000
					DISEASE - EACH EMPLOYEE	$ 1000000
	OTHER					
B	Equipment Floater "All Risk" Sched.	3710-45-17	9/16/98	9/16/99	10% Deductible $5,000. Minimum $25,000. Maximum	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Permit #ACT/007/001, White Oak 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
1594 West North Temple
Suite 1210
Salt Lake City, UT 84114-5801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~[illegible]~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~[illegible]~~

AUTHORIZED REPRESENTATIVE: Richard W. Hatfield

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