

ACORD. CERTIFICATE OF INSURANCE

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

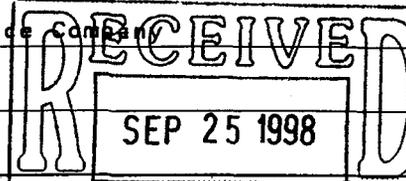
PRODUCER

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

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



INSURED

White Oak Mining & Const. Co.
HC 35, Box 370
Helper, UT 84526

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PURPOSES OF WHICH 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.

DIV OF OIL, GAS & MINING

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY	3710-45-17	9/16/98	9/16/99	GENERAL AGGREGATE \$ 200000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PRODUCTS-COMP/OP AGG \$ 200000 PERSONAL & ADV INJURY \$ 200000 EACH OCCURRENCE \$ 200000
B	<input checked="" type="checkbox"/> Inc. Explosive Coverage				FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 10000
B	AUTOMOBILE LIABILITY	BAP7320-38-21	9/16/98	9/16/99	COMBINED SINGLE LIMIT \$ 200000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC565-43-99	6/01/99	6/01/99	STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 1000000 DISEASE - POLICY LIMIT \$ 1000000 DISEASE - EACH EMPLOYEE \$ 1000000
B	OTHER 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 ~~ENGAGE~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE
Richard W. [Signature] 069353000