

### Document Information Form

Mine Number: CI 007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company FRENKEL & COMPANY, INC.

Date Sent: N/A.

Explanation:

CERTIFICATE OF INSURANCE.

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\_\_\_\_\_

cc:

File in: CI 007, 004, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

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

007/004

#7

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/4/90

**PRODUCER**

**FRENKEL & CO. INC.**  
123 WILLIAM STREET  
NEW YORK, NY 10038

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

CODE SUB-CODE

**INSURED**

**AMAX INC.**  
AMAX Center  
Greenwich, CT 06836

Castle Gate Coal Company

COMPANY LETTER **A** Continental Insurance Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

### 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)	ALL LIMITS IN THOUSANDS	
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>SRL 3345008</b>	<b>4/1/90</b>	<b>4/1/91</b>	GENERAL AGGREGATE	\$ 6,000
<b>X</b>	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 6,000
<b>X</b>	CLAIMS MADE OCCUR.				PERSONAL & ADVERTISING INJURY	\$ 2,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 2,000
					FIRE DAMAGE (Any one fire)	\$ 100
					MEDICAL EXPENSE (Any one person)	\$ 10
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>	<b>SRB 3564081</b>	<b>4/1/90</b>	<b>4/1/91</b>	COMBINED SINGLE LIMIT	\$ 2,000
<b>X</b>	ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	HIRED AUTOS					
	NON-OWNED AUTOS					
	GARAGE LIABILITY					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	AGGREGATE
					\$	\$
	OTHER THAN UMBRELLA FORM					
	<b>WORKER'S COMPENSATION</b>				STATUTORY	
	AND				\$	(EACH ACCIDENT)
	<b>EMPLOYERS' LIABILITY</b>				\$	(DISEASE-POLICY LIMIT)
	OTHER				\$	(DISEASE-EACH EMPLOYEE)

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS**

Certificate applies to all Castle Gate Coal operations.

### CERTIFICATE HOLDER

Utah Dept. of Natural Resources  
Div. of Oil, Gas & Mining  
Salt Lake City, Utah

### CANCELLATION

SHOULD ANY OF THE / EXPIRATION DATE TH MAIL 30 DAYS WRIT LEFT, BUT FAILURE TO LIABILITY OF ANY KIND

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0022 Date \_\_\_\_\_

In C/ 007, 004, Incoming

For additional information

AUTHORIZED REPRESENTATIVE

*Jacqueline K. Camack*

007/004

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<b>A</b>	<b>GENERAL LIABILITY</b>	<b>SRL 3345008</b>	<b>4/1/90</b>	<b>4/1/91</b>	GENERAL AGGREGATE \$ <b>6,000</b>	
<b>X</b>	<b>COMMERCIAL GENERAL LIABILITY</b>				PRODUCTS-COMP/OPS AGGREGATE \$ <b>6,000</b>	
<b>X</b>	<b>CLAIMS MADE OCCUR.</b>				PERSONAL & ADVERTISING INJURY \$ <b>2,000</b>	
	<b>OWNER'S &amp; CONTRACTOR'S PROT.</b>				EACH OCCURRENCE \$ <b>2,000</b>	
					FIRE DAMAGE (Any one fire) \$ <b>100</b>	
					MEDICAL EXPENSE (Any one person) \$ <b>10</b>	
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>	<b>SRB 3564081</b>	<b>4/1/90</b>	<b>4/1/91</b>	COMBINED SINGLE LIMIT \$ <b>2,000</b>	
<b>X</b>	<b>ANY AUTO</b>				BODILY INJURY (Per person) \$	
	<b>ALL OWNED AUTOS</b>				BODILY INJURY (Per accident) \$	
	<b>SCHEDULED AUTOS</b>				PROPERTY DAMAGE \$	
	<b>HIRED AUTOS</b>					
	<b>NON-OWNED AUTOS</b>					
	<b>GARAGE LIABILITY</b>					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$	AGGREGATE \$
	<b>OTHER THAN UMBRELLA FORM</b>					
	<b>WORKER'S COMPENSATION</b>				STATUTORY \$	(EACH ACCIDENT)
	<b>AND</b>				\$	(DISEASE-POLICY LIMIT)
	<b>EMPLOYERS' LIABILITY</b>				\$	(DISEASE-EACH EMPLOYEE)
	<b>OTHER</b>					

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Utah Dept. of Natural Resources  
Div. of Oil, Gas & Mining  
Salt Lake City, Utah

### 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

*Jacqueline L. Camack*