

Document Information Form

Mine Number: C/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company FRENKEL & COMPANY, INC.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in: C/007,004, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

ACORD. CERTIFICATE OF INSURANCE

007004 #1 ISSUE DATE (MM/DD/YY)

4/24/92

PRODUCER

Frenkel & Co., Inc.
123 William Street
New York, NY 10038

212-267-2200

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 A	National Union Insurance Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Amax Inc
200 Park Avenue
New York

NY 10166

incl: Amax Coal Co.

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
A X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY X CLAIMS MADE OCCUR. OWNER'S & CONTRACTOR'S PROT	GL 3239029	4/01/92	4/01/93	GENERAL AGGREGATE \$ 6,000 PRODUCTS-COMP/OPS AGGREGATE \$ 6,000 PERSONAL & ADVERTISING INJURY \$ 2,000 EACH OCCURRENCE \$ 2,000 FIRE DAMAGE (Any one fire) \$ 100 MEDICAL EXPENSE (Any one person) \$ 10
A X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	CA1428503	4/01/92	4/01/93	COMBINED SINGLE LIMIT \$ 2,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY OTHER THAN UMBRELLA FORM WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC1235233	4/01/92	4/01/93	STATUTORY \$ 2,000 (EACH ACCIDENT) \$ 4,000 (DISEASE-POLICY LIMIT) \$ 2,000 (DISEASE-EACH EMPLOYEE)
	OTHER				EACH OCCURRENCE \$ AGGREGATE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
certificate applies to Castle Gate Mine.

CERTIFICATE HOLDER

File in:
 Confidential
 Shelf
 Expandable
 Refer to Record No 0055 Date _____
 In C/ 007, 004, Incoming
 For additional information _____

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

IF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE END OF THE ISSUING COMPANY WILL REISSUE THE POLICY TO THE CERTIFICATE HOLDER NAMED TO THE POLICY. SUCH NOTICE OF CANCELLATION OR REISSUE SHALL BE MADE BY THE COMPANY THROUGH ITS AGENTS OR REPRESENTATIVES.

Richard J. Hughes

014129000

ACORD CERTIFICATE OF INSURANCE

007004 #88 ISSUE DATE (MM/DD/YY)

4/24/92

PRODUCER

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123 William Street
New York, NY 10038

212-267-2200

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A X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	CA1425503	4/01/92	4/01/93	COMBINED SINGLE LIMIT \$ 2,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY OTHER THAN UMBRELLA FORM WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC1235233	4/01/92	4/01/93	STATUTORY \$ 2,000 (EACH ACCIDENT) \$ 4,000 (DISEASE-POLICY LIMIT) \$ 2,000 (DISEASE-EACH EMPLOYEE)

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CERTIFICATE HOLDER

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 MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

Richard J. [Signature]

014129000