

0001

### Document Information Form

Mine Number: C/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: N/A

Explanation:

CERTIFICATE OF LIABILITY INSURANCE

\_\_\_\_\_  
\_\_\_\_\_

cc:

File in: C/007/004, 1999, Incoming

- Refer to:
- Confidential
  - Shelf
  - Expandable

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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

4/01/99

**PRODUCER**

J&H Marsh & McLennan UT, Inc.  
60 East South Temple  
Suite 1600  
Salt Lake City, UT 84111

CHRIS BRIMHALL (801) 539-7413

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 CONTINENTAL CASUALTY COMPANY

COMPANY

B

*FAX #70*

COMPANY

C

*ACT/007/002 #4*

COMPANY

D

*Orig. Fireproof file*

**INSURED**

SAVAGE INDUSTRIES  
ATTN: DEAN REES  
5250 SOUTH 300 WEST #200  
SALT LAKE CITY, UTAH 84107

**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	<b>GENERAL LIABILITY</b>	GL196004194	4/01/99	4/01/00	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 5,000
A	<b>AUTOMOBILE LIABILITY</b>	BUA196004227	4/01/99	4/01/00	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC196004177	4/01/99	4/01/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	EL EACH ACCIDENT \$ 1,000,000				
	EL DISEASE - POLICY LIMIT \$ 1,000,000				
	EL DISEASE - EA EMPLOYEE \$ 1,000,000				
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
XCU COVERAGES ARE INCLUDED IN THE POLICY FORM RE: SAVAGE COAL TERMINAL

**CERTIFICATE HOLDER**

STATE OF UT, DIVISION OF OIL,  
GAS & MINING  
ATTN: PAM LITTIG  
PO BOX 145801  
SALT LAKE CITY, UT 84114-5801

**CAN**

SHI

EXF

4

XXXI

AUTHORIZED REPRESENTATIVE

**File in:**

- Confidential
- Shelf
- Expandable

Refer to Record No 0001 Date N/A

In C/007/004, 1999 Incoming

For additional information

BEFORE THE  
MAIL  
ON THE LEFT,

PRODUCER

J&H Marsh & McLennan UT, Inc.
60 East South Temple
Suite 1600
Salt Lake City, UT 84111

CHRIS BRIMHALL

(801) 539-7413

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 CONTINENTAL CASUALTY COMPANY

COMPANY

B

COMPANY

C

COMPANY

D

FAX #FO
ACT/007/02 #4
Orig. Fireproof file

INSURED

SAVAGE INDUSTRIES
ATTN: DEAN REES
5250 SOUTH 300 WEST #200
SALT LAKE CITY, UTAH 84107

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.

Table with columns: CO LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YY), POLICY EXPIRATION DATE (MM/DD/YY), LIMITS. Rows include General Liability, Automobile Liability, Garage Liability, Excess Liability, and Worker's Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

XCU COVERAGES ARE INCLUDED IN THE POLICY FORM RE: SAVAGE COAL TERMINAL PROCESS & LOADOUT FACILITY ACT/007/022

CERTIFICATE HOLDER

STATE OF UT. DIVISION OF OIL, GAS & MINING
ATTN: PAM LITTIG
PO BOX 145801
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 45 \* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE: [Signature]