

0023 MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER

supposed 2/08/004

**PRODUCER**  
 MARSH USA INC.  
 P.O. BOX 36012  
 KNOXVILLE, TN 37930-6012  
 Attn: Jan Melton-Cate (865) 769-7761

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

437767-05-06--  
**INSURED**  
 Foundation Coal Corporation  
 999 Corporate Boulevard, Suite 300  
 Linthicum Heights, MD 21090-2227

COMPANY	A	STEADFAST INS CO
COMPANY	B	N/A
COMPANY	C	N/A
COMPANY	D	N/A

**COVERAGES** This certificate supersedes and replaces any previously issued certificate for the policy period noted below. 3  
 THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE 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>		07/30/05	07/30/06	GENERAL AGGREGATE \$ 6,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 6,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,500,000
	<input checked="" type="checkbox"/> Includes Blasting				FIRE DAMAGE (Any one fire) \$ 1,500,000
	<input checked="" type="checkbox"/> \$500,000 Per Location				MED EXP (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>				
<input 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 type="checkbox"/> HIRED AUTOS					
<input 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				\$	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS	
				OTHER	
<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			EL EACH ACCIDENT \$	
	<input type="checkbox"/> EXCL			EL DISEASE-POLICY LIMIT \$	
<b>OTHER</b>				EL DISEASE-EACH EMPLOYEE \$	

RECEIVED  
 AUG 05 2005

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS** DIV. OF OIL, GAS & MINING  
 RE: Castle Gate Mine Permit #C/007/004, Carbon County, UT  
 General Liability includes a Blanket Additional Insured where required by written contract, but subject to the policy terms, conditions, and exclusions.  
 General Liability includes XCU coverage.

**CERTIFICATE HOLDER**  
 State of Utah  
 Division of Oil, Gas & Mining  
 1594 West North Temple, Suite 1210  
 P.O. Box 145801  
 Salt Lake City, UT 84114-5801

**CANCELLATION**  
 SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL SEND BY MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, ~~FOR THE POLICY PERIOD DESCRIBED HEREIN~~  
 MARSH USA INC.

By: Mark C. Benson *Mark C. Benson*  
 MM1(3/02) VALID AS OF: 08/02/05