

copy incoming survey 7-07-004 R
CERTIFICATE OF INSURANCE **CERTIFICATE NUMBER** [REDACTED]

MARSH

0007

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

- COMPANY
A STEADFAST INS CO (ZURICH)
- COMPANY
B N/A
- COMPANY
C N/A
- COMPANY
D N/A

437767-06-07-Prop-07-08

INSURED
 Foundation Coal Corporation
 391 Inverness Parkway, Suite 333
 Englewood, CO 80112

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	GENERAL LIABILITY	[REDACTED]	10/01/07	10/01/08	GENERAL AGGREGATE	\$ 4,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 4,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 2,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> Includes Blasting				FIRE DAMAGE (Any one fire)	\$ 2,000,000
					MED EXP (Any one person)	\$ 5,000
					COMBINED SINGLE LIMIT	\$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> SCHEDULED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	EXCESS LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				OTHER	
					EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
	OTHER				EL DISEASE-EACH EMPLOYEE	\$

RECEIVED

OCT 01 2007

DIV. OF OIL, GAS & MINING

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 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, BEFORE THE EXPIRATION DATE OF THE POLICY. THIS NOTICE SHALL BE IN WRITING AND SHALL BE SENT BY REGISTERED MAIL TO THE ADDRESS OF THE CERTIFICATE HOLDER AS SHOWN ON THE POLICY. THE POLICY WILL BE CANCELLED ON THE DATE OF RECEIPT OF THIS NOTICE.
 MARSH USA INC.
 By: Debra Clark *Debra Clark*
 MM1(3/02) VALID AS OF: 09/27/07