0104

007/005 #4

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 12/22/93

PRODUCER

FLAT TOP INSURANCE AGENCY
320 FEDERAL STREET
P. O. BOX 1439
BLUEFIELD, WV 24701
304-327-3421

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.

INSURED

THE COASTAL CORPORATION, ETAL
C/O ENERGY INSURANCE INT'L
P.O. BOX 36429
HOUSTON
TX 77236-6429

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	FIDELITY & CASUALTY CO OF NY
COMPANY LETTER B	[redacted]
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)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT. X XCU	MCD001405	12/31/92	3/16/94	GENERAL AGGREGATE	$ 2000000
					PRODUCTS-COMP/OP AGG.	$ 2000000
					PERSONAL & ADV. INJURY	$ 2000000
					EACH OCCURRENCE	$ 2000000
					FIRE DAMAGE (Any one fire)	$ 100000
					MED. EXPENSE (Any one person)	$ 10000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	$
					AGGREGATE	$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
A	OTHER Pollution	MCP001406	12/31/93	3/16/94	$500,000 Aggregate $500,000 Ea. Inc. $5,000 Deductible	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Coastal States Energy Company, Skyline Coal Comoany and Utah uel Company
Skyline Mines - Permit ACT/007/005

CERTIFICATE HOLDER

State of Utah
Division of Oil & Gas
3 Triad Center, Suite 350
Salt Lake City, UT 84180-1203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~XXXXXXXXXX~~ MAIL 90 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 FLAT TOP INSURANCE AGENCY 090250000

PER Sidney O. Nash Jr.

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cc, Warren [illegible]
cc, appropriate files
Orig
ACT/002/005

Certificate of Insurance

TO: State of Utah
Address: Natural Resources Oil, Gas & Mining
355 W. North Temple
3 Triad Center, Suite 350
Salt Lake City, UT 84180-1203

Date: December 21, 1993
Re:

This is to certify that the policies designated below are in force on the date borne by this Certificate.

NAME OF INSURED: The Coastal Corporation and all Affiliated or Subsidiary Companies including Southern Utah Fuel Company
Address: Coastal Tower, Nine Greenway Plaza
Houston, TX 77046

TYPE OF INSURANCE	POLICY #	POLICY PERIOD	POLICY LIMITS/VALUES
Comprehensive Automobile Liability			$1,000,000 Combined Single Limit Bodily Injury & Property Damage
Texas	A)NKA1498598-03	01/01/94-95	
All Other States	A)NKA1498596-03	01/01/94-95	

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by those policy(ies) which numbered above and which issued by companies listed below.

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 above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, or upon this agency.

INSURANCE COMPANY(IES) ISSUING COVERAGE:

A) Planet Insurance Company

ENERGY INSURANCE INTERNATIONAL

2000 Bering Dr., Suite 900
Houston, Texas 77057
P.O. Box 36429
Houston, Texas 77236-6429
Phone: 713/783-6640
Telex 791 393
Int'l. Telex 166 283 or 166 284
Telecopier 713/783-7241

By _____
Authorized Representative

1005

6-351.C

THE COASTAL CORPORATION

NAMED INSUREDS

A. ANR Coal Company
ANR Western Coal Development Company
Birmingham Coal Company
Brooks Run Coal Company
Cat Run Coal Company
Coastal Coal Sales, Inc. (formerly Coastal Coal International, Inc.)
Enterprise Coal Company (formerly Apache Mining Co.)
Greenbrier Coal Co.
Kingwood Coal Company
Skyline Coal Company
Southern Utah Fuel Company
Unique Mining Systems, Inc.
Utah Fuel Company
Virginia City Coal Company
Virginia Iron, Coal and Coke Company

and/or subsidiary, associated and affiliated companies or owned or controlled companies as were or are now or may hereinafter constituted, and

B. The Coastal Corporation, Coastal Natural Gas Company, Coastal States Energy Company and American Natural Resources Company but only in their capacity as parent and/or holding company to those entities scheduled in (A) above and, only as respects liabilities arising out of operations carried out by or for those entities scheduled in (A) above.

For the purpose of receiving and giving notice and payment or return of premium The Coastal Corporation shall be deemed the only named insured and shall act as the agent of any and all other named insureds.

Prepared by:

Flat Top Insurance Agency
P. O. Box 1439
Bluefield, WV 24701

12-30-92