

0032

ENERGY INSURANCE INTERNATIONAL, INC.
2000 BERING DRIVE, SUITE 900
HOUSTON, TEXAS 77057
(713) 783-6640
TELEFAX NO. (713) 783-7241
FAX LEAD SHEET

URGENT! DELIVER UPON RECEIPT

TELECOPIER NUMBER: (801) 359-3940
DATE: March 21, 1994
COMPANY NAME: State of Utah
Division of Oil & Gas
Salt Lake City, UT
ATTENTION: Darin Haddock
FROM: Berna Alderson
COPIES: Carrie Frame
Soldier Creek Coal
(801) 637-0108
Wess Sorison
SUF
(801) 534-3296
Keith Zobell
Utah Fuel
(801) 637-7929
NUMBER OF PAGES SENT: 7
(Including this page)
SUBJECT: State of Utah
Division of Oil & Gas
Certificates of Insurance

Attached are copies of the Certificates of Insurance issued to the State of Utah, Division of Oil & Gas on behalf of our Clients, Coastal States Energy Company, Skyline Coal Company, Utah Fuel Company, Southern Utah Fuel Company and Soldier Creek Coal Company. The originals were mailed directly to the state on March 9, 1994.

We trust you will find these attachments to be in order; however, should you have any questions or concerns, please do not hesitate to contact us.

Regards,

Berna

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/08/84

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Fidelity & Casualty Co. of NY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

The Coastal Corporation, Etal.
c/o Energy Insurance Int'l.
P.O. Box 36429
Houston TX 77236-6429

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Blasting	MCD001870	3/15/94	3/15/95	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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> 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	MCP001871	3/16/94	3/16/95	\$500,000 Aggregate \$500,000 Ex. Inc. \$5,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Coastal States Energy Company, Skyline Coal Company and Utah Fuel 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 SEND BY 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 L. Nash*

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.)
 - Cravat Coal Export Co., Inc.
 - Enterprise Coal Company (formerly Apache Mining Co.)
 - Greenbrier Coal Co.
 - Kingwood Coal Company
 - Sage Point Coal Company
 - Skyline Coal Company
 - Soldier Creek 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

3-16-94