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Document Information Form

Mine Number: C/007/005

File Name: Incoming

To: DOGM

From:

Person N/A

Company FLAT TOP INSURANCE AGENCY

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in:  
C/007/005/Incoming

Refer to:

- Confidential
- Shelf
- Expandable

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

Original Filed, Copy #2 ACT/007/005

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/09/94

**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	<b>GENERAL LIABILITY</b>	MCD001870	3/16/94	3/16/95	GENERAL AGGREGATE \$ 200000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 200000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 200000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 200000
	<input checked="" type="checkbox"/> XCU				FIRE DAMAGE (Any one fire) \$ 100000
	<input checked="" type="checkbox"/> Blasting				MED. EXPENSE (Any one person) \$ 10000
	<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					
<input type="checkbox"/> GARAGE LIABILITY					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
A	<b>OTHER</b> Pollution	MCP001871	3/16/94	3/16/95	\$500,000 Aggregate \$500,000 Ea. Inc. \$5,000 Deductible

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Coastal States Energy Company, Skyline Coal Mine, Skyline Mines - Permit ACT. ... el Company

**File in:**

- Confidential
- Shelf
- Expandable

Refer to Record No. 0074 Date \_\_\_\_\_  
 In C/ 007, 005, Incoming  
 For additional information \_\_\_\_\_

**CERTIFICATE HOLDER**

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

SCRIBED POLICIES BE CANCELLED BEFORE THE THE ISSUING COMPANY WILL ~~BE~~ TO CE TO THE CERTIFICATE HOLDER NAMED TO THE CH NOTICE SHALL IMPOSE NO OBLIGATION OR COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

PER Arduoy O. Mash

090250000

Original Filed, Copy #1 ACT/007/005

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

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**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**

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	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
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	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				<b>STATUTORY LIMITS</b>
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					DISEASE-POLICY LIMIT \$
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**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Coastal States Energy Company, Skyline Coal Comony 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~~ 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  
 PER Rodney O. Mash, Jr.

090250000

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