

0007

Document Information Form

Mine Number: C/007/005

File Name: Incoming

To: DOGM

From:

Person N/A

Company JOHNSON & MIDDINGS OF CALIFORNIA.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in:  
C/007, 005, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

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

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
12/18/96

**PRODUCER**

Johnson & Higgins of California  
Casualty Department  
2029 Century Park East  
Los Angeles, CA 90067  
tel: (310) 551-4667  
0659A-GL5H OLIN

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 <b>A</b>	INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
COMPANY <b>B</b>	
COMPANY <b>C</b>	
COMPANY <b>D</b>	

**INSURED**

ATLANTIC RICHFIELD COMPANY, ITS  
SUBSIDIARIES AND SUBSIDIARIES  
INCLUDING CANYON FUEL COMPANY, LLC.  
6955 SOUTH UNION PARK CENTER  
SUITE 550  
MIDVALE, UTAH 84047

**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>	ISL G1 423256-0	12-20-96	01-01-99	BODILY INJURY OCC	\$ N/A			
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG	\$ N/A			
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE OCC	\$ N/A			
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER				PROPERTY DAMAGE AGG	\$ N/A			
	<input checked="" type="checkbox"/> CONTRACTUAL				BI & PD COMBINED OCC	\$ 500,000			
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS				BI & PD COMBINED AGG	\$ *500,000			
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY AGG	\$ N/A			
	<input checked="" type="checkbox"/> PERSONAL INJURY								
	<b>AUTOMOBILE LIABILITY</b>							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per accident)	\$
<input type="checkbox"/> ALL OWNED AUTOS (Private Pass)				PROPERTY DAMAGE	\$				
<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)				BODILY INJURY & PROPERTY DAMAGE COMBINED	\$				
<input type="checkbox"/> HIRED AUTOS									
<input type="checkbox"/> NON-OWNED AUTOS				EACH OCCURRENCE	\$				
<input type="checkbox"/> GARAGE LIABILITY				AGGREGATE	\$				
<b>EXCESS LIABILITY</b>					\$				
<input type="checkbox"/> UMBRELLA FORM				STATUTORY LIMITS					
<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH ACCIDENT	\$				
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				DISEASE - POLICY LIMIT	\$				
THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE	\$				
<b>OTHER</b>									

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

PRODUCTS/COMPLETED OPERATIONS.  
PERMIT NO. ACT/007/005 - SKYLINE MINE.  
THIS CERTIFICATE IS ISSUED IN LIEU OF CERTIFICATE DATED DECEMBER 12, 1996.

**CERTIFICATE HOLDER**

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS & MINES  
1594 WEST NORTH TEMPLE  
P.O. BOX 145801  
SALT LAKE CITY, UTAH 84114

File in:  
 Confidential  
 Shelf  
 Expandable  
Refer to Record No. 0007 Date \_\_\_\_\_  
In CI 007, 005, Incoming  
For additional information

**NOTICE**

ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE DATE THEREOF, THE ISSUING COMPANY WILL SEND BY MAIL WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~THIS CERTIFICATE IS NOT VALID UNLESS IT IS SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE ISSUING COMPANY.~~

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12/18/96

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	<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>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT	\$
	<b>OTHER</b>				DISEASE - POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$

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DIVISION OF OIL, GAS, AND MINING  
1594 WEST NORTH TEMPLE, SUITE 1210  
P.O. BOX 145801  
SALT LAKE CITY, UTAH 84114-5801

**CANCELLATION**  
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 CERTIFICATE HOLDER NAMED TO THE LEFT.  
AUTHORIZED REPRESENTATIVE