

### Document Information Form

Mine Number: C/007/005

File Name: Incoming

To: DOGM

From:

Person N/A

Company JOHNSON & HIGGINS 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

ACT/007/005 on Permit Borders / Original fireproof file - Copy #4

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
03/28/97

**PRODUCER**  
Johnson & Higgins of California  
Casualty Department  
29 Century Park East  
Angeles, CA 90067  
Tel: (310) 551-4667  
0659A-GL5H OLIN

*Joe PFO*

**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 A                    | INDEMNITY INSURANCE COMPANY OF NORTH AMERICA |
| COMPANY B                    |  |
| COMPANY C                    |  |
| COMPANY D                    |  |

**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><br><input checked="" type="checkbox"/> COMPREHENSIVE FORM<br><input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD<br><input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER<br><input checked="" type="checkbox"/> CONTRACTUAL<br><input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS<br><input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE<br><input checked="" type="checkbox"/> PERSONAL INJURY | ISL G1 423256-0<br><br><b>Surface</b> | 12-20-96                         | 01-01-99                          | BODILY INJURY OCC                        | \$ N/A       |
|        |   |                                       |                                  |                                   | BODILY INJURY AGG                        | \$ N/A       |
|        |   |                                       |                                  |                                   | PROPERTY DAMAGE OCC                      | \$ N/A       |
|        |   |                                       |                                  |                                   | PROPERTY DAMAGE AGG                      | \$ N/A       |
|        |   |                                       |                                  |                                   | BI & PD COMBINED OCC                     | \$ 2,000,000 |
|        |   |                                       |                                  |                                   | BI & PD COMBINED AGG                     | \$ 4,000,000 |
|        |   |                                       |                                  |                                   | PERSONAL INJURY AGG                      | \$ N/A       |
|        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS (Private Pass)<br><input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> GARAGE LIABILITY   |                                       |                                  |                                   | BODILY INJURY (Per person)               | \$           |
|        |   |                                       |                                  |                                   | BODILY INJURY (Per accident)             | \$           |
|        |   |                                       |                                  |                                   | PROPERTY DAMAGE                          | \$           |
|        |   |                                       |                                  |                                   | BODILY INJURY & PROPERTY DAMAGE COMBINED | \$           |
|        | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM  |                                       |                                  |                                   | EACH OCCURRENCE                          | \$           |
|        |   |                                       |                                  |                                   | AGGREGATE                                | \$           |
|        |   |                                       |                                  |                                   |  | \$           |
|        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL   |                                       |                                  |                                   | STATUTORY LIMITS                         |              |
|        |   |                                       |                                  |                                   | EACH ACCIDENT                            | \$           |
|        |   |                                       |                                  |                                   | DISEASE - POLICY LIMIT                   | \$           |
|        |   |                                       |                                  |                                   | DISEASE - EACH EMPLOYEE                  | \$           |
|        | <b>OTHER</b>  |                                       |                                  |                                   |  |              |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)**  
SKYLINE MINE IS INCLUDED AS A NAMED INSURED UNDER THE REFERENCED POLICY(S) AS RESPECTS TO PERMIT NO. ACT/007/005.  
THIS CERTIFICATE IS ISSUED DATE DATED DECEMBER 18, 1996.

**CERTIFICATE HOLDER**  
STATE OF UTAH  
DEPARTMENT OF NA  
DIVISION OF OIL, GAS  
1594 WEST NORTH T  
P.O. BOX 145801  
SALT LAKE CITY, UT,

File in:  
 Confidential  
 Shelf  
 Expandable  
Refer to Record No. 0055 Date  
In Cl. 007, 005, Incoming  
For additional information

**NOTICE**  
IF ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL SEND BY MAIL A WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.  
BY SIGNING THIS CERTIFICATE, THE CERTIFICATE HOLDER AGREES TO ACCEPT THE TERMS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN.  
AGENT REPRESENTATIVE

