

### Document Information Form

Mine Number: C/007/005

File Name: Incoming

To: DOGM

From:

Person N/A

Company Sedgewick of Missouri, INC

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in: C/007, 005, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

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

FAX PFD ACT/007/005 Orig. Inquiries Skyline Copy #4

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
7/25/98

<b>PRODUCER</b> Sedgwick of Missouri, Inc. 700 Corporate Park Drive, Suite 200 Clayton, Missouri 63105-7281 (314) 505-8800	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.
<b>INSURED</b> Canyon Fuel Company, LLC 6955 Union Park Center Suite 540 Midvale, Utah 84047	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: USF&G Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	1CG14798097600 * A \$500,000 general aggregate applies per location.	7/31/98	7/31/99	EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ * 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
	<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE L MIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

**File in:**

- Confidential
- Shelf
- Expandable

Refer to Record No. 0027 Date \_\_\_\_\_

In C/ 007, 005, Incoming \_\_\_\_\_

For additional information

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS AD

Permit Skyline Mine ACT/007/005

<b>CERTIFICATE HOLDER</b> Utah Department of Natural Resources Division of Oil, Gas and Mining 1594 West North Temple Suite 1210 Salt Lake City, Utah 84114-5801	<b>ADDITIONAL INSURED; INSURER LETTER:</b> _____ <b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL <u>45</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, _____, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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FAX PFO

ACT/005/005 Orig. - Jueproy

Skyline Copy #4

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
7/25/98

**PRODUCER**  
Sedgwick of Missouri, Inc.  
700 Corporate Park Drive, Suite 200  
Clayton, Missouri 63105-7281  
(314) 505-8800

**INSURED**  
Canyon Fuel Company, LLC  
6955 Union Park Center  
Suite 540  
Midvale, Utah 84047

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**INSURERS AFFORDING COVERAGE**

INSURER A: USF&G Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

### COVERAGES

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					GENERAL AGGREGATE \$ * 500,000
					PRODUCTS - COMP/OP AGG \$ 500,000
	<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE L MIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Permit Skyline Mine ACT/007/005

<b>CERTIFICATE HOLDER</b> Utah Department of Natural Resources Division of Oil, Gas and Mining 1594 West North Temple Suite 1210 Salt Lake City, Utah 84114-5801	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Laurence A. Sweet</i>
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