

### Document Information Form

Mine Number: CL007/005

File Name: Incoming

To: DOGM

From:

Person N/A

Company SEDGWICK OF MISSOURI, INC.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in: CL 007 , 005 , Incoming

- Refer to:
- Confidential
  - Shelf
  - Expandable

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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

reg. BC110071005 Corp  
 DATE (MM/DD/YY) 6/1/98

**PRODUCER**  
 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.**

**COMPANIES AFFORDING COVERAGE**

COMPANY A USF&G

COMPANY B

COMPANY C

COMPANY D

**INSURED**  
 Canyon Fuel Company LLC  
 6955 Union Park Center  
 Suite 540  
 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> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Includes XCU	1CG14556324200	6/1/98	7/31/98	GENERAL AGGREGATE \$ * 500,000
					PRODUCTS - COMP/OP AGG \$ 500,000
					PERSONAL & ADV INJURY \$ 300,000
					EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 300,000
					MED EXP (Any one person) \$ 5,000
	<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 LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	<b>OTHER</b>				

\* A \$500,000 general aggregate applies per location.

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Permit Exploration Permit #U07064

**CERTIFICATE HOLDER**

Utah Department  
 Division of Oil, Gas & Mining  
 1594 West North  
 Suite 1210  
 Salt Lake City, UT

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0038 Date \_\_\_\_\_  
 In C/ 007, 065 Incoming

For additional information

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE CANCELLATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

*Lawrence O. Sweet*  
 AUTHORIZED REPRESENTATIVE

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**INSURED**  
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 6955 Union Park Center  
 Suite 540  
 Midvale, Utah 84047

COMPANIES AFFORDING COVERAGE	
COMPANY A	USF&G
COMPANY B	
COMPANY C	
COMPANY D	

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<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
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<b>OTHER</b>					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Permit Exploration Permit #U07064

**CERTIFICATE HOLDER**  
 Utah Department of Natural Resources  
 Division of Oil, Gas and Mining  
 1594 West North Temple  
 Suite 1210  
 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 45 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  
*Lawrence A. Sweet*