

0031

*Timothy
Pam Grubaugh
7/28/00*



July 28, 2000

Via UPS Overnight

Ms. Pam Grubaugh-Littig
Utah Department of Natural Resources
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Salt Lake City, UT 84114-5801

Re: Canyon Fuel Company, LLC/Mountain Coal Company, L.L.C.
Certificates of Liability Insurance

Dear Ms. Grubaugh-Littig:

Enclosing are new

Enclosing are new Certificates of Liability Insurance for the following:

Canyon Fuel Company, LLC: Permits: ACT/007/005, ACT/007/018, ACT/007/039
ACT/007/034, ACT/041/002

Mountain Coal Company, L.L.C.: Permit: ACT/007/016

We trust you will find the enclosures to be in order.

Sincerely,

Stacy Carr
Stacy Carr

Risk Management Department

Enclosures

cc: Kerry Frame, CFC-Salt Lake (w/5enc.)
Chris Hansen, CFC-Skyline (w/1enc.)
Wess Sorensen, CFC-Sufco (w/1enc.)
Dave Spillman, CFC-Dugout (w/3enc.)
Phil Schmidt, MCC (w/1enc.)
Mary Stahl, MCC (w/1enc.)

RECEIVED

JUL 31 2000

DIVISION OF
OIL, GAS AND MINING

MARSH USA INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CHI-000333515-00

PRODUCER
Marsh USA Inc.
800 Market Street, Suite 2600
St. Louis, MO 63101-2500

True proof
ACT 1007/005
Copy Green Builders
9205 PFC

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

arch -state-GL8-00-01

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

- COMPANY
A FEDERAL INSURANCE CO
- COMPANY
B
- COMPANY
C
- COMPANY
D

COVERAGES

This certificate supersedes and replaces any previously issued certificate.

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THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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	GENERAL LIABILITY	3711-00-10 **\$500,000 general aggregate applies' 'per location'	07/31/00	07/31/01	GENERAL AGGREGATE	\$ *5,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 300,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 300,000
	<input checked="" type="checkbox"/> Includes XCU				FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<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					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	EXCESS LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			EL EACH ACCIDENT	\$
		<input type="checkbox"/> EXCL			EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EACH EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

Permit Skyline Mine ACT/007/005

CERTIFICATE HOLDER

Utah Dept. Of Natural Resources
Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDORSE MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, ~~BY FAX OR TELEPHONE TO THE INSURED OR BY REGISTERED MAIL TO THE INSURED'S LAST KNOWN ADDRESS.~~

MARSH USA INC.

By: Alfred A. Peterfeso

Alfred A. Peterfeso

MM1(9/99)

VALID AS OF: 07/27/00