



July 29, 2005

Via UPS Next Day

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

*Guiproy*  
e/007/0005  
e/007/0018  
e/007/0034  
e/002/0039  
e/041/0002  
e/007/0016

Dear Ms. Grubaugh-Littig:

Enclosed are new Certificates of Liability Insurance for the following:

Canyon Fuel Company, LLC: Permits: C007005, C007018, C007039  
C007034, C041002

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

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

Sincerely,

*Stacy Carr*  
Stacy Carr  
Risk Management Department

Enclosures

cc: Rick Parkins, Arch Western Bituminous Group  
Chris Hansen, CFC-Skyline  
Mike Davis, CFC-Sufco  
Vicky Miller, CFC-Dugout  
Henry Barbe, MCC  
Phil Schmidt, MCC  
Mary Stahl, MCC

RECEIVED  
AUG 01 2005  
DIV. OF OIL, GAS & MINING



*Truecopy 4/007/0018*

# MARSH

# CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER

**PRODUCER**

Marsh USA Inc.  
800 Market Street, Suite 2600  
St. Louis, MO 63101-2500  
Attn: Renee' L. Butler

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**

- COMPANY  
**A** ACE AMERICAN INSURANCE COMPANY
- COMPANY  
**B**
- COMPANY  
**C**
- COMPANY  
**D**

001950-state-GL8-05-06

Y

**INSURED**

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

**COVERAGES**

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

7

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. AGGREGATE 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>		07/31/05	07/31/06	GENERAL AGGREGATE \$ * 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	*****\$500,000 general aggregate			PRODUCTS - COMP/OP AGG \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	****per location****			PERSONAL & ADV INJURY \$ 300,000
	<input type="checkbox"/> 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
	<b>AUTOMOBILE LIABILITY</b>				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				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	<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>				WC STATUTORY LIMITS OTH-ER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE-POLICY LIMIT \$
					EL DISEASE-EACH EMPLOYEE \$
	<b>OTHER</b>				

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

Permit Soldier Canyon Mine C007018

**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 ~~SEND~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN. ~~NO NOTICE IS REQUIRED IF THE POLICY IS CANCELLED FOR NON-PAYMENT OF PREMIUM OR FOR BREACH OF A COVENANT, CONDITION OR WARRANTY.~~

MARSH USA INC.

By: Alfred A. Peterfeso

*Alfred A. Peterfeso*

MM1(3/02)

VALID AS OF: 07/29/05



*Final 7/11/07 c/007/0034*

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**COMPANIES AFFORDING COVERAGE**

001950-state-GL8-05-06

Y

COMPANY  
**A** ACE AMERICAN INSURANCE COMPANY

**INSURED**

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

COMPANY  
**B**

COMPANY  
**C**

COMPANY  
**D**

**COVERAGES**

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	<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
	<b>AUTOMOBILE LIABILITY</b>				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	\$
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	<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>				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			EL EACH ACCIDENT	\$
		<input type="checkbox"/> EXCL			EL DISEASE-POLICY LIMIT	\$
	<b>OTHER</b>				EL DISEASE-EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Permit Banning Loadout C007034

**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

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MARSH USA INC.

BY: Alfred A. Peterfeso

*Alfred A. Peterfeso*

MM1(3/02)

VALID AS OF: 07/29/05

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					EACH ACCIDENT \$
					AGGREGATE \$
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	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTH-ER \$
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	OTHER				EL DISEASE-POLICY LIMIT \$
					EL DISEASE-EACH EMPLOYEE \$

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

Permit SUFCO Mine C041002

**CERTIFICATE HOLDER**

Utah Dept. Of Natural Resources  
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BY: Alfred A. Peterfeso

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VALID AS OF: 07/29/05

