

BHICKS DATE (MM/DD/YYYY) 2/8/2017

CERTIFICATE OF LIABILITY INSURANCE THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

tl	this certificate does not confer rights to the certificate holde			<u>. </u>			
PRO	ODUCER		CONTACT NAME:				
Cer	entral Insurance Services	PHONE (A/C, No, Ext): (502) 493-2375 FAX (A/C, No): (502) 493-2320					
403 Lou	30 Taylorsville Road ouisville, KY 40220	E-MAIL ADDRESS: insurance@centralbank.com					
	,		Maria Maria		RDING COVERAGE		NAIC#
			INSURER A : Nationa	The same of the sa			19445
INSI	SURED	INSURER B : Lexington Insurance Company				10440	
	Canyon Fuel Company, LLC & Bowie Resource H	INSURER C : Apollo Insurance					
	Jim Wolff						
	6100 Dutchman's Lane Ste 900	INSURER D :					
	Louisville, KY 40205	INSURER E :					
-		INSURER F:				1	
	OVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST INDICATED: NOTWITHSTANDING ANY REQUIREMENT, TERM F						
	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUR						
	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOW	WN MAY HAVE I					
INSR LTR	R TYPE OF INSURANCE ADDL SUBR PO	DLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR		02/01/2017	02/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X EMP/BEN ded ,\$1000	_			MED EXP (Any one person)	\$	10,000
					PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATÉ LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG		2,000,000
	OTHER:				TROBUSTO CONTITOT TICE	\$	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$	
	ANY AUTO				(Ea accident)	~	
	OWNED SCHEDULED				BODILY INJURY (Per person)	\$	
					PROPERTY DAMAGE (Per accident)		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY				(Per accident)	\$	
A	V					\$	10,000,000
	JA GINDILECTA FIND		02/01/2017	02/01/2018	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE		02/01/2017		AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 10,000				DED LOTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER	-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)				E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYE	E \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	
В			02/01/2017		Excess Umbrella		15,000,000
С	Commercial Umbrella		02/01/2017	02/01/2018	Excess Excess Umbre	П	20,000,000
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional	I Remarks Schedule	e. may be attached if mo	e space is requi	red)		
Perr	rmit Skyline Mine C007005.		, ,		,		
Rias	sting and use of explosives is not excluded under the policy						
_,	othing and 200 of explosition to flot exchange and of the policy						
_							
CE	ERTIFICATE HOLDER	CANCELLATION					
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	Utah Dept of Natural Resources	ACCORDANCE WITH THE POLICY PROVISIONS.					
	Division of Oil Gas and Mining 1694 W. North Temple, Ste 1210						

ACORD 25 (2016/03)

Salt Lake City, UT 84114-5801

AUTHORIZED REPRESENTATIVE P. Wessel, K.