0021

Document Information Form

Mine Number: C/007/006

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in:
C/ 007, 006 **Incoming**
Refer to:
- ☐ **Confidential**
- ☐ **Shelf**
- ☐ **Expandable**

Date _____ For additional information

Certificate of Insurance

AON

Aon Risk Services

To: State of Utah
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
P.O. Box 145801
Salt Lake City, UT 84114-5801

Re: Star Point #1 & #2 Mines
Permit No. ACT/007/006
Fax to:
Johnny Pappas
435-472-4782

#4 Copy Bill @ PRO

Assured: RAG American Coal Holding Inc. et al
Including Plateau Mining Corporation
1520 Kanawha Boulevard East
Charleston, WV 25311

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.

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values	
Commercial General Liability		06-30-99/00	$ 6,000,000	General Aggregate
Other States	6122944		$ 6,000,000	Products/Completed Operations Aggregate
Wyoming	6122945		$ 1,000,000	Personal and Advertising Injury
			$ 1,000,000	Each Occurrence
			$ 1,000,000	Fire Damage (Any One Fire)
			$ 10,000	Medical Expense (Any One Person)
Insurance Company(ies)	American Home Assurance			
Auto Liability		06-30-99/00	$ 1,000,000	CSL Each Occurrence
Other States	5347309			
Wyoming	5347310			
Insurance Company(ies)	American Home Assurance			
Workers' Compensation Employers' Liability	OC017049-02	06-30-99/00	WC: Statutory EL: $1,000,000 $1,000,000 $1,000,000	 Each Accident Disease - Policy Limit Disease - Each Employee
Insurance Company(ies)	Old Republic Insurance Co.			
Excess Workers' Compensation	EX360	06-30-99/00	Statutory Excess of a Self Insured Retention: $1,000,000 any one occurrence	
Insurance Company(ies)	Old Republic Insurance Co.			

Commercial General Liability includes X, C, U Coverage.

The subscribing insurers' obligations u ... *solely to the extent of their Individual subscriptions. The subscrib* ... *son does not satisfy all or part of its obligations.*

This certificate is issued as a matter o ... amend, extend or alter the coverage afforded by the policy(ies) st ... ate thereof, this agency, on behalf of the issuing company(ies), wi ... [redacted]

File in:
- ☐ Confidential
- ☐ Shelf
- ☐ Expandable

Refer to Record No 0021 Date _____
In C/ 007 , 006 , Incoming
For additional information

, Inc.

Date: June 30, 1999

Certificate of Insurance

AON

Aon Risk Services

To: State of Utah
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
P.O. Box 145801
Salt Lake City, UT 84114-5801

Re: Star Point #1 & #2 Mines
Permit No. ACT/007/006
Fax to:
Johnny Pappas
435-472-4782

#4 Copy Bill @ PRO

Assured: RAG American Coal Holding Inc. et al
Including Plateau Mining Corporation
1520 Kanawha Boulevard East
Charleston, WV 25311

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.

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values	
Commercial General Liability		06-30-99/00	$ 6,000,000	General Aggregate
Other States	6122944		$ 6,000,000	Products/Completed Operations Aggregate
Wyoming	6122945		$ 1,000,000	Personal and Advertising Injury
			$ 1,000,000	Each Occurrence
			$ 1,000,000	Fire Damage (Any One Fire)
			$ 10,000	Medical Expense (Any One Person)
Insurance Company(ies)	American Home Assurance			
Auto Liability		06-30-99/00	$ 1,000,000	CSL Each Occurrence
Other States	5347309			
Wyoming	5347310			
Insurance Company(ies)	American Home Assurance			
Workers' Compensation Employers' Liability	OC017049-02	06-30-99/00	WC: Statutory EL: $1,000,000 $1,000,000 $1,000,000	 Each Accident Disease - Policy Limit Disease - Each Employee
Insurance Company(ies)	Old Republic Insurance Co.			
Excess Workers' Compensation	EX360	06-30-99/00	Statutory Excess of a Self Insured Retention: $1,000,000 any one occurrence	
Insurance Company(ies)	Old Republic Insurance Co.			

Commercial General Liability includes X, C, U Coverage.

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any cosubscribing insurer who for any reason does not satisfy all or part of its obligations.

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 policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of the issuing company(ies), will ~~endeavor to~~ mail 60 days written notice to the above named certificate holder. ~~but failure to mail such notice shall issue no obligation or liability of any kind against the company(ies) or this agency.~~

Aon Risk Services of Texas, Inc.

Date: June 30, 1999

By: Stephen A. McKenna

Aon Risk Services of Texas, Inc.
2000 Bering Drive, Suite 900 • Houston, Texas 77057-3790 • tel: (713) 430-6000 • fax: (713) 430-6590