

. 0054

Document Information Form

Mine Number: C/007/007

File Name: Incoming

To: DOGM

From:

Person N/A

Company MARSH & MCLENNAN, INCORPORATED

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in: C/007, 007, Incoming

- Refer to:
- Confidential
 - Shelf
 - Expandable

Date _____ For additional information



CERTIFICATE OF INSURANCE

File Kaiser
Ret/007/007 #5

ISSUE DATE (MM/DD/YY)
4/26/86 JML

PRODUCER

MARSH & McLENNAN, INCORPORATED
P.O. BOX 75055
LOS ANGELES CA 90075
(213) 736-8495

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 LETTER A	NATIONAL UNION FIRE INSURANCE COMPANY
COMPANY LETTER B	AMERICAN HOME ASSURANCE COMPANY
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

KAISER STEEL CORPORATION, ET AL
P.O. BOX 5050
FONTANA CA 92335

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	GLA 180 3331 RA	4/1/86	4/1/87	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY	\$	\$ 1,000
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
A	AUTOMOBILE LIABILITY	BA 928 4325 RA	4/1/86	4/1/87	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$ 1,000	
	<input checked="" type="checkbox"/> HIRED AUTOS						
A	EXCESS LIABILITY	CLM 3075782	4/1/86	4/1/87	BI & PD COMBINED	\$ 4,000	\$ 4,000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				EXCESS OF PRIMARY		
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 86-1076	2/28/86	2/28/87	STATUTORY		
					\$ 1,000 (EACH ACCIDENT)		
					\$ 1,000 (DISEASE-POLICY LIMIT)		
	OTHER				\$ 1,000 (DISEASE-EACH EMPLOYEE)		

DESCRIPTION OF OPERATIONS/LOCATIONS/VE

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0054 Date _____
In Cl/ 007, 007, Incoming
For additional information

CERTIFICATE HOLDER

STATE OF UTAH
UTAH DIVISION OF OIL, GAS
355 W. NORTH TEMPLE
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UT 84180-1203

AUTHORIZED REPRESENTATIVE

Ray Wiley

DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE. THE ISSUING COMPANY WILL ENDEAVOR TO NOTIFY THE CERTIFICATE HOLDER NAMED TO THE EFFECT THAT NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON ANY, ITS AGENTS OR REPRESENTATIVES.

MARSH & McLENNAN, INCORPORATED



CERTIFICATE OF INSURANCE

File Kaiser
Ret/007/007 #5

ISSUE DATE (MM/DD/YY)
4/26/86 JML

PRODUCER

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P.O. BOX 75055
LOS ANGELES CA 90075
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FONTANA CA 92335

COVERAGES

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					\$ 1,000 (DISEASE-POLICY LIMIT)		
					\$ 1,000 (DISEASE-EACH EMPLOYEE)		
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

STATE OF UTAH
UTAH DIVISION OF OIL, GAS & MINING
355 W. NORTH TEMPLE
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UT 84180-1203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 *Ray Wiley* MARSH & McLENNAN, INCORPORATED