

0023

Document Information Form

Mine Number: CI 007 / 007

File Name: Incoming

To: DOGM

From:

Person N/A

Company MARGH & McLENNAN, INC.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in: CI 007 . 007 . Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/26/91

PRODUCER

Marsh & McLennan, Inc.
One United Bank Center
1700 Lincoln Street, Suite 4900
Denver, CO 80203

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** Federal Insurance Company
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E** (Revision of certificate dated 7/25/91)

INSURED

Sunnyside Coal Company
PO Box 99
Sunnyside, UT 84539

COVERAGES

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 RATA & WAIVERS~~

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> X, C, U	3710-05-85	12/2/90	12/2/91	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED. EXPENSE (Any one person) \$ 10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	7318-00-76	12/2/90	12/2/91	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: Sunnyside Coal Company; No. 1 Mine - ID #42-00093; No. 2 Mine - ID #42-00094
Surface ID #42-01813; Permit ID #ACT/007/007

CERTIFICATE HOLDER

State of Utah
Division of Oil, Gas & Min
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, UT 84180

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No. 0023 Date 1-26-91
In CI 007, 007, Incoming
For additional information

changed and/or
DESCRIBED POLICIES BE CANCELLED BEFORE THE
THE ISSUING COMPANY WILL INDEX OR XTOK
ICE TO THE CERTIFICATE HOLDER NAMED TO THE
NOT NOT BE SHALL IMPROBE NO OBLIGATION OF
EXCOMPANY XTS AGENTS OR REPRESENTATIVES X

Marion Jamenthaler

ACORD. CERTIFICATE OF INSURANCE

ACT/007/007 T Copy AM

ISSUE DATE (MM/DD/YY)

9/26/91

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One United Bank Center
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Denver, CO 80203

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Surface ID #42-01813; Permit ID #ACT/007/007

CERTIFICATE HOLDER

State of Utah
Division of Oil, Gas & Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, UT 84180-1203

CANCELLATION

changed and/or SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~MAIL~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL INCREASE NO OBLIGATION OF~~ ~~THE COMPANY, ITS AGENT & OR REPRESENTATIVES~~

AUTHORIZED REPRESENTATIVE

Marion Gamenthaler