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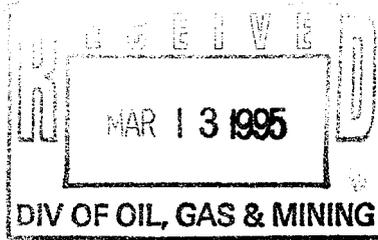
# PRICE INSURANCE AGENCY

*"All Kinds of Insurance"*

54 West Main Street  
P.O. Box 871  
Price, Utah 84501-0871

(801) 637-3351  
Fax (801) 637-0503  
Toll Free (800) 464-3351

March 9, 1995



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

*Original to  
fireproof  
Copy to #4, PAM*

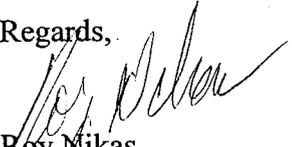
RE: Sunnyside Coal Company  
Mine #ACT-007-007

Please find enclosed our revised certificate of insurance extending the general liability coverage for our client. The insurance coverage includes a \$1000 property damage deductible. This letter is to confirm how that deductible is processed.

The insurance carrier, Agora Syndicate, Inc. (Illinois Insurance Exchange), investigates the claim, has all proper documentation completed (i.e. proof of loss, releases, etc.), and issues the appropriate check to the claimant. Afterwards, the insurance company collects the deductible amount from the Insured. This makes sure the claimant is satisfied and not awaiting a deductible check from the Insured.

The above described procedure is common with most insurance companies. If you have questions regarding this procedure or the deductible shown on the certificate, please contact me. Thank you for your consideration in this matter.

Regards,

  
Roy Nikas  
Agent

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
03/09/95

**PRODUCER**  
  
PRICE INSURANCE AGENCY  
54 WEST MAIN ST - P.O. BOX 871  
PRICE, UT 84501-0871  
(801) 637-3351

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 A AGORA SYNDICATE (ILL. INS. EXCH.)
- COMPANY B PROGRESSIVE CASUALTY INSURANCE CO.
- COMPANY C
- COMPANY D

**INSURED**  
  
SUNNYSIDE COAL COMPANY  
1113 SPRUCE STREET, #300  
BOULDER, CO 80302

**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 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> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	DAG212228	02/22/95	02/22/96	GENERAL AGGREGATE \$1,000,000
					PRODUCTS - COMP/OP AGG \$EXCLUDED
					PERSONAL & ADV INJURY \$EXCLUDED
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$EXCLUDED
					MED EXP (Any one person) \$EXCLUDED
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CA53545420	02/22/95	02/22/96	COMBINED SINGLE LIMIT \$500,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 LOCATION OF PROPERTY: SUNNYSIDE MINE, SUNNYSIDE, UT 84539 MINE #ACT-007-007  
 GENERAL LIABILITY INCLUDES \$1000 DEDUCTIBLE; XCU COVERAGES INCLUDED IN FORM.  
 ALTERNATIVE UTAH MAILING ADDRESS: 560 PINION ST. PO BOX 99 SUNNYSIDE, UT 84539

**CERTIFICATE HOLDER**  
  
STATE OF UTAH DIVISION OF  
OIL, GAS & MINING  
355 WEST NORTH TEMPLE  
III 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 ~~provide~~ <sup>certify</sup> ~~provide~~ <sup>certify</sup> 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.  
 AUTHORIZED REPRESENTATIVE  
*Roy & Nelson*