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ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY) 02/23/95

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	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR OWNER'S & CONTRACTOR'S PROT	BINDER NUMBER: DAG022295SCC	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	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] 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	$
	GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY [ ] UMBRELLA FORM [ ] OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	$
					AGGREGATE	$
						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: [ ] INCL [ ] EXCL				[ ] STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE - POLICY LIMIT	$
					DISEASE - EACH EMPLOYEE	$
	OTHER					

RECEIVED FEB 27 1995 DIV OF OIL, GAS & MINING

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

LOCATION OF PROPERTY: SUNNYSIDE MINE, SUNNYSIDE, UT 84539
ACT #007-007. GENERAL LIABILITY INCLUDES $1000 DEDUCTIBLE.

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 ~~ENDEAVOR~~ TO MAIL certif 45 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

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[REC#156.2]