

Document Information Form

Mine Number: C/007/007

File Name: Incoming

To: DOGM

From:

Person N/A

Company PRICE INSURANCE AGENCY

Date Sent: N/A

Explanation:

CERTIFICATE OF LIABILITY INSURANCE.

cc:

File in:
C/ 007, 007, Incoming

- Refer to:
- Confidential
 - Shelf
 - Expandable

Date _____ For additional information

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/10/97

Copy from Orig. Fireproof Route to Mary Ann, Lowell, Inc. ACT/007/007 #4 Copy

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
- COMPANY
C
- COMPANY
D

INSURED

KENNETH A. RUSHTON, BANKRUPTCY TRUSTEE FOR THE ESTATE OF SUNNYSIDE COAL COMPANY
PO BOX 212
LEHI, UT 84043-0212

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 <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 R-1	02/28/97	02/28/98	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS
					OTHER
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
	OTHER				EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPER LOCATION GENERAL I
 File in: Confidential Shelf Expandable
 Refer to Record No. 0012 Date
 In Cl. 007, 007, Incoming
 For additional information

ARBON CUNTY, UT 84539 MINE #ACT-007-007
 IBLE; XCU COVERAGES INCLUDED IN FORM.

CERTIFICATE HC

 STP
 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 ~~UNDER~~ ENDEAVOR TO MAIL 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

Copy from Orig. Fireproof Route to Mary Ann, Lowell, Inc. ACT/007/007 #4 Copy

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/10/97

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
- COMPANY
C
- COMPANY
D

INSURED

KENNETH A. RUSHTON, BANKRUPTCY TRUSTEE FOR THE ESTATE OF SUNNYSIDE COAL COMPANY
PO BOX 212
LEHI, UT 84043-0212

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	DAG212228 R-1	02/28/97	02/28/98	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTH-ER
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

LOCATION OF PROPERTY: NEAR SUNNYSIDE, CARBON CUNTY, UT 84539 MINE #ACT-007-007
GENERAL LIABILITY INCLUDES \$1000 DEDUCTIBLE; XCU COVERAGES INCLUDED IN FORM.

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 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

[Signature]