

0006

Document Information Form

Mine Number: 61007 1007

File Name: Incoming

To: DOGM

From:

Person N/A

Company LEAVITT GROUP OF SPANISH FORK

Date Sent: JULY 07, 1998

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)
07/01/1998

PRODUCER (801)798-7343 FAX (801)798-3442
Leavitt Group of Spanish Fork
Insurance & Surety Bonds
P. O. Box 757, 199 North Main
Spanish Fork, UT 84660
Attn: Mandy Stallings Ext:

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.

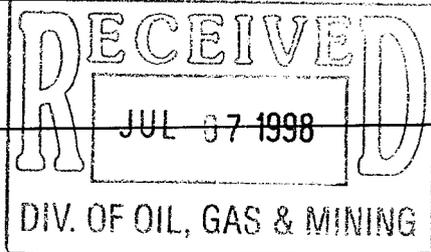
COMPANIES AFFORDING COVERAGE
COMPANY A CNA Insurance Co
COMPANY B
COMPANY C
COMPANY D
ACT/007/007-#4
Orig. Superscript
Cory Rudy - Lains

INSURED
Minchey Digging
Po Box 392
Cleveland, UT 84518

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	B143469467	01/01/1998	01/01/1999	GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					PERSONAL & ADV INJURY \$ 1000000
					EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED EXP (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY <input checked="" 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	B143469470	01/01/1998	01/01/1999	COMBINED SINGLE LIMIT \$ 500,000
					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 <input type="checkbox"/> 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 \$
A	OTHER Property		1/1998	01/01/1999	

File in:
 Confidential
 Shelf
 Expandable
Refer to Record No. 0006 Date _____
In C/ 007, 007, Incoming



CERTIFICATE HOLDER
For additional information

State of Utah
Division of Oil, Gas, Mining
1954 West North Temple
Suite 1210
Salt Lake City, UT 84114-5801

ANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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
Parks Mangelson
[Signature]
ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/01/1998

PRODUCER (801)798-7343 FAX (801)798-3442

Leavitt Group of Spanish Fork
Insurance & Surety Bonds
P. O. Box 757, 199 North Main
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COMPANIES AFFORDING COVERAGE

COMPANY A CNA Insurance Co
COMPANY B
COMPANY C
COMPANY D

ACT/007/007 #4
Orig. Superscripted
Cory Rudy - Lains

INSURED
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					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
A	OTHER Property	B143469467	01/01/1998	01/01/1999	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Re: Project #1 Sunnyside Reclamation

RECEIVED
JUL 07 1998
DIV. OF OIL, GAS & MINING

CERTIFICATE HOLDER

State of Utah
Division of Oil, Gas, Mining
1954 West North Temple
Suite 1210
Salt Lake City, UT 84114-5801

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