

0031

Document Information Form

Mine Number: C/007/011

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: April 13, 1995

Explanation:

Certificate of Insurance

cc:

File in: C/007, 011, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

Orig. Fireproof file
 Comp. to ACT/007/011 #4

ACORD. CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY) 4/13/95

PRODUCER
 Rollins Hudig Hall of MO
 8182 Maryland Avenue
 St. Louis, MO 63105
 Attn: Melody Wheeler
 314-721-5100

RECEIVED
 APR 17 1995
 DIV OF OIL, GAS & MINING

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.

INSURED
 U. S. Fuel Company
 P. O. Box 887
 Price,
 UT 84501

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	The Travelers Indemnity Co.
COMPANY LETTER B	Acceptance Insurance
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

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	
B	GENERAL LIABILITY	D95CM0295	4/01/95	4/01/96	GENERAL AGGREGATE	\$ N/A
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ N/A
					MED. EXPENSE (Any one person)	\$ N/A
A	AUTOMOBILE LIABILITY	TC2JCAP232T4156TIL95	4/01/95	4/01/96	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION				STATUTORY LIMITS	\$
	EMPLOYERS' LIABILITY				EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EACH EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 State of Utah Mining Permit ACT/007-11-Hiwatha Complex
 King Mines listed as #4-#42-00098; #5-\$42-01389 and #6-#

File in:
 Confidential
 Shelf
 Expandable
 Refer to Record No 0031 Date 4-13-95
 In CI 007, 011, Incoming
 For additional information

CERTIFICATE HOLDER
 State of Utah
 Division of Oil, Gas & Mining
 355 West N. Temple, Ste. 350
 3 Triad Center
 Salt Lake City, UT 84180-1203

CANCELLATION
 SHOULD ANY OF THE EXPIRATION DATE MAIL 45 DAYS WITHIN 30 DAYS OF THE EXPIRATION DATE OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE  730076000

Orig. Fireproof file
 Comp. to ACT/007/011 #4

ACORD. CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY) 4/13/95

PRODUCER
 Rollins Hudig Hall of MO
 8182 Maryland Avenue
 St. Louis, MO 63105
 Attn: Melody Wheeler
 314-721-5100

R E C E I V E D
 APR 17 1995
 DIV OF OIL, GAS & MINING

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INSURED
 U. S. Fuel Company
 P. O. Box 887
 Price,
 UT 84501

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	The Travelers Indemnity Co.
COMPANY LETTER B	Acceptance Insurance
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

COVERAGES
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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY	D95CM0295	4/01/95	4/01/96	GENERAL AGGREGATE \$ N/A
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ N/A
					MED. EXPENSE (Any one person) \$ N/A
A	AUTOMOBILE LIABILITY	TC2JCAP232T4156TIL95	4/01/95	4/01/96	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION				STATUTORY LIMITS
	<input type="checkbox"/> EMPLOYERS' LIABILITY				EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 State of Utah Mining Permit ACT/007-11-Hiwatha Complex
 King Mines listed as #4-#42-00098; #5-\$42-01389 and #6-#42-01599.

CERTIFICATE HOLDER
 State of Utah
 Division of Oil, Gas & Mining
 355 West N. Temple, Ste. 350
 3 Triad Center
 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 ~~SEND BY~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~FOR FAILURE TO MAKE SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE
 730076000

Copy Permit Document

Big digressory file
Copy to 44: PAM
ACT/007/001

ACORD. CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY) 3/28/95

PRODUCER
Rollins Hudig Hall of MO.
8182 Maryland Avenue
St. Louis, MO 63105
Attn: Lori Mc Henry
314-721-5100

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COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	Acceptance Insurance Company
COMPANY LETTER B	Travelers Insurance
COMPANY LETTER C	Westchester Fire
COMPANY LETTER D	
COMPANY LETTER E	

INSURED
Mueller Industries, Inc.
2959 N. Rock Rd.
Wichita

KS 67226

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	D95CM0295	4/01/95	4/01/96	GENERAL AGGREGATE \$ N/A
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Blanket Vendors Coverage				FIRE DAMAGE (Any one fire) \$ N/A
					MED. EXPENSE (Any one person) \$ N/A
B	AUTOMOBILE LIABILITY	TC2JCAP232T4156TIL95	4/01/95	4/01/96	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/> GARAGE LIABILITY					
C	EXCESS LIABILITY	CUA101614	4/01/95	4/01/96	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
B B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	TC2JUB232T4107TIL95	4/01/95	4/01/96	STATUTORY LIMITS
		TC2EEUB232T4119TCT95	4/01/94	4/01/96	EACH ACCIDENT \$ 1,000,000
					DISEASE-POLICY LIMIT \$ 1,000,000
					DISEASE-EACH EMPLOYEE \$ 1,000,000
B B	OTHER	TC4JUB232T4120TIL95	4/01/95	4/01/96	1,000,000. Each Acc
	Work.Comp. (AZ,WI)	TDRJUB232T4132TIL95	4/01/95	4/01/96	1,000,000. Dis. Pol. L 1,000,000. Dis. Ea. Em

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
State of Utah Mining Permit ACT/007-11-Hiwatha Complex
King Mines listed as #4-#42-00098; #5-\$42-01389 and #6-#42-01599.

CERTIFICATE HOLDER

State of Utah
Division of Oil, Gas & Mining
355 West N. Temple, Ste. 350
3 Triad Center
Salt Lake City, UT 84180-1203
ACORD 25-6 (7/90)

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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]
730076000
ACORD CORPORATION 1990

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/28/95

PRODUCER

Rollins Hudig Hall of MO.
8182 Maryland Avenue
St. Louis, MO 63105

314-721-5100

INSURED

U. S. Fuel Company
P. O. Box 887
Price,

UT 84501

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					PRODUCTS-COMP/OP AGG. \$ 2,000,000
					PERSONAL & ADV. INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ N/A
					MED. EXPENSE (Any one person) \$ N/A
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	TC2JCAP232T4156TIL95	4/01/95	4/01/96	COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
					EXCESS LIABILITY
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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Division of Oil, Gas & Mining
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Salt Lake City, UT 84180-1203

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AUTHORIZED REPRESENTATIVE

J. Curtis Egle

730076000