

0001

### Document Information Form

Mine Number: C/007/011

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: March 28, 1996

Explanation:

Certificate of Insurance

\_\_\_\_\_  
\_\_\_\_\_

cc:

File in:  
C/007, 011, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date \_\_\_\_\_ For additional information

*SLL*  
*Comp Permit Bides Original Sureproy*  
*May Act/007/01 #4 file*

**ACORD. CERTIFICATE OF INSURANCE** ISSUE DATE (MM/DD/YY)  3/28/96

**PRODUCER**  
 Rollins Hudig Hall of MO.  
 8182 Maryland Avenue  
 St. Louis, MO 63105  
 314-721-5100

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 987  
 Price  
 UT 84501

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER <b>A</b>	Acceptance Insurance Co.
COMPANY LETTER <b>B</b>	Travelers Insurance Co.
COMPANY LETTER <b>C</b>	Westchester Fire Ins. Co.
COMPANY LETTER <b>D</b>	
COMPANY LETTER <b>E</b>	

**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, NOT WITHSTANDING 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. OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> <b>Blanket Vendors Coverage</b>	D96CM0401	4/01/96	4/01/97	GENERAL AGGREGATE \$ N/A
					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
B	<b>AUTOMOBILE LIABILITY</b> <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	TC2JCAP232T4156TIL96	4/01/96	4/01/97	COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
C	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CUA1027190	4/01/96	4/01/97	EACH OCCURRENCE \$ 2,000,000
					AGGREGATE \$ 2,000,000
B B	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	TC2JUR232T4107TIL96	4/01/96	4/01/97	STATUTORY LIMITS
		TC2EUB232T4119TCT96	4/01/96	4/01/97	EACH ACCIDENT \$ 1,000,000
B B	<b>OTHER</b> Work Comp (CA) Work Comp (AZ, WI)	TC4JUB232T4120TIL96	4/01/96		DISEASE-POLICY LIMIT \$ 1,000,000
		TDRJUB232T4132TIL96	4/01/96		DISEASE-EACH EMPLOYEE \$ 1,000,000

**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 #6-4

File in:  
 Confidential  
 Shelf  
 Expandable  
 Refer to Record No. 0001 Date 3-28-96  
 In C/ DD7, oil, 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 THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT EXPIRES ON \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE *J. Curtis Taylor* 730076000

SLC  
 Copy Permit Bids Original Surety  
 Copy ACT/007/01 #4 file

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	<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"/> <b>Blanket Vendors Coverage</b>				FIRE DAMAGE (Any one fire) \$ N/A
					MED. EXPENSE (Any one person) \$ N/A
B	<b>AUTOMOBILE LIABILITY</b>	TC2JCAP232T4156TIL96	4/01/96	4/01/97	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	<b>EXCESS LIABILITY</b>	CUA1027190	4/01/96	4/01/97	EACH OCCURRENCE \$ 2,000,000
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	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
B B	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	TC2JUR232T4107TIL96	4/01/96	4/01/97	STATUTORY LIMITS
		TC2EEUB232T4119TCT96	4/01/96	4/01/97	EACH ACCIDENT \$ 1,000,000
					DISEASE-POLICY LIMIT \$ 1,000,000
					DISEASE-EACH EMPLOYEE \$ 1,000,000
B B	<b>OTHER</b>	TC4JUB232T4120TIL96	4/01/96	4/01/97	
	Work Comp (AZ, WI)	TDRJUB232T4132TIL96	4/01/96	4/01/97	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
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 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 ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT WAIVE OR DIMINISH THE OBLIGATION OF ANY KIND UNDER THE POLICIES OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *J. Curtis Taylor* 730076000