

0021

Document Information Form

Mine Number: C/007/011

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: April 3, 1996

Explanation:

Certificate of Insurance

cc:

File in: C/007, 011, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

*Com Permit Bides Original Supers
copy ACT/007/01 #4 file*

AGORD. 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

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

UT 84501

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 LETTER: A	Acceptance Insurance Co.
COMPANY LETTER: B	Travelers Insurance Co.
COMPANY LETTER: C	Westchester Fire Ins. Co.
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
A	GENERAL LIABILITY	D96CM0401	4/01/96	4/01/97	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	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	EXCESS LIABILITY	CUA1027190	4/01/96	4/01/97	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	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	OTHER	TC4JUB232T4120TIL96	4/01/96	4/01/97	
	Work Comp (CA) Work Comp (AZ, WI)	TDRJUB232T4132TIL96	4/01/96	4/01/97	

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-#

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 LEFT, ~~FOR EXPIRE~~
~~LIABILITY OF ANY KIND FROM THE COMPANY OR ITS AGENTS OR REPRESENTATIVES~~
AUTHORIZED REPRESENTATIVE *J. Curtis Taylor* 730076000

File in:
 Confidential
 Shelf
 Expandable
Refer to Record No 0021 Date 4-3-96
In C/ 007, 011, Incoming
For additional information

*Com Permit Bides Original Surepress
copy 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

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

UT 84501

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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"/> Blanket Vendors Coverage				FIRE DAMAGE (Any one fire)	\$ N/A
					MED. EXPENSE (Any one person)	\$ N/A
B	AUTOMOBILE LIABILITY	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	EXCESS LIABILITY	CUA1027190	4/01/96	4/01/97	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
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		TC2EEUB232T4119TCT96	4/01/96	4/01/97	EACH ACCIDENT	\$ 1,000,000
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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 ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT EXCEPT TO THE EXTENT SUCH NOTICE SHALL BE NECESSARY TO THE FULFILLMENT OF ANY KIND OF OBLIGATION OF THE COMPANY TO ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *J. Curtis Taylor* 730076000

ACT/007/011 Original to fireproof file
 Copy to #4 = PAM

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/19/96

PRODUCER

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

314-721-5100

RECEIVE
 MAR 25 1996

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COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

U. S. Fuel Company OF OIL, GAS & MINING
 P. O. Box 887
 Price,

UT 84501

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	<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	TC2JCAP232T4156T1L96	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				EACH OCCURRENCE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS	AGGREGATE \$				
<input type="checkbox"/> GARAGE LIABILITY	STATUTORY LIMITS				
	EXCESS LIABILITY				EACH ACCIDENT \$
	<input type="checkbox"/> UMBRELLA FORM				DISEASE-POLICY LIMIT \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				DISEASE-EACH EMPLOYEE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				

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 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 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

J. Curtis Engler

730076000