

0001

Document Information Form

Mine Number: C/007/011

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: March 10, 1997

Explanation:

Certificate of Insurance

cc:

File in:
C/007, 011, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

ACT 005/011

Green Binders
Original for proof - Copy #4

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/10/97

PRODUCER

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

*Copy Sent
PBM*

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	Travelers Insurance Company
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

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

UT 84501

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.

OO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TJEXGL275T128397 \$100,000 SELF INSURED RETENTION	4/01/97	4/01/98	GENERAL AGGREGATE \$ 5,000,000
	<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 \$ 900,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 900,000
	<input checked="" type="checkbox"/> Blanket Vendors Coverage				FIRE DAMAGE (Any one fire) \$ 900,000
					MED. EXPENSE (Any one person) \$ N/A
A	AUTOMOBILE LIABILITY	TC2JCAP232T415697	4/01/97	4/01/98	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 checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/> GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	TC2JUB232T410797	4/01/97	4/01/98	STATUTORY LIMITS
		TC2EEUB232T411997 (TX)	4/01/97	4/01/98	EACH ACCIDENT \$ 1,000,000
					DISEASE-POLICY LIMIT \$ 1,000,000
					DISEASE-EACH EMPLOYEE \$ 1,000,000
A A A	OTHER				
	Work Comp	TC4JUB232T412097 (CA)	4/01/97		
	Work Comp	TDRJUB232T413297 (WI)	4/01/97		
	Work Comp	TC2JUB232T426197 (NJ)	4/01/97		

- File in:
- Confidential
 - Shelf
 - Expandable

Refer to Record No. 0001 Date 3-10-97

In C/ 007, 011, Incoming

For additional information

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

CERTIFICATE HOLDER

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 FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

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

AUTHORIZED REPRESENTATIVE

J. Curtis Taylor

730076000

ACT 11/05/011

Green Builders
Original for proof - Copy #4

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/10/97

PRODUCER

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

314-721-5100

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	Travelers Insurance Company
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

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

UT 84501

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 CLAIMS MADE <input type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> Blanket Vendors Coverage	TJEXGL275T128397 \$100,000 SELF INSURED RETENTION	4/01/97	4/01/98	GENERAL AGGREGATE \$ 5,000,000
	PRODUCTS-COMP/OP AGG. \$ 2,000,000				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	TC2JCAP232T415697	4/01/97	4/01/98	COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person) \$
A	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	TC2JUB232T410797 TC2EEUB232T411997 (TX)	4/01/97	4/01/98	EACH OCCURRENCE \$
					AGGREGATE \$
A	OTHER Work Comp	TC4JUB232T412097 (CA) TDRJUB232T413297 (WI)	4/01/97	4/01/98	STATUTORY LIMITS
					1,000,000
A	Work Comp	TC2JUB232T426197 (NJ)	4/01/97	4/01/98	EACH ACCIDENT \$ 1,000,000
					1,000,000
A	Work Comp				DISEASE-POLICY LIMIT \$ 1,000,000
					1,000,000
A	Work Comp				DISEASE-EACH EMPLOYEE \$ 1,000,000
					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-#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 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

J. Curtis [Signature]

730076000

Copy to Green
Siders

Trueproof file
ACT/007/011

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/10/97

PRODUCER

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

314-721-5100

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	Travelers Insurance Company
COMPANY LETTER B	Westchester Fire Ins. Co.
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

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

UT 84501

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	TJEXGL275T 128397 X,C,U Coverage Included	4/01/97	4/01/98	GENERAL AGGREGATE \$ 5,000,000
	<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 \$ 900,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 900,000
	<input checked="" type="checkbox"/> Blanket Vendors Coverage				FIRE DAMAGE (Any one fire) \$ 900,000
					MED. EXPENSE (Any one person) \$ N/A
A	AUTOMOBILE LIABILITY	TC2JCAP232T4 15697	4/01/97	4/01/98	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				
B	EXCESS LIABILITY	CUA1036530	4/01/97	4/01/98	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	TC2JUB232T4 10797	4/01/97	4/01/98	STATUTORY LIMITS
		TC2EEUB232T4 11997 (TX)	4/01/97	4/01/98	EACH ACCIDENT \$ 1,000,000
					DISEASE-POLICY LIMIT \$ 1,000,000
					DISEASE-EACH EMPLOYEE \$ 1,000,000
A	OTHER	TC4JUB232T4 12097 (CA)	4/01/97	4/01/98	1,000,000
A	Work Comp	TDRJUB232T4 13297 (WI)	4/01/97	4/01/98	1,000,000
A	Work Comp	TC2JUB232T4 26197 (NJ)	4/01/97	4/01/98	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-#42-01599.

CERTIFICATE HOLDER

State of Utah
Division of Oil, Gas & Mining
1594 West North Temple, #1210
Salt Lake City, UT 84114-5801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDORSE~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT ~~FOR THE COMPANY'S USE AS AN AGENT'S OWN REPRESENTATIVE.~~

AUTHORIZED REPRESENTATIVE

J. Curtis Taylor

730076000

Green Binder Copy Act 007/011 #4 Gigproy file

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12-3-97

PRODUCER BENNION-TAYLOR KISER-LORD INS. 51 W. MURRAY BLVD MURRAY, UT 84123 (801) 268-8006 FAX: 263-9878	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 AMERICAN STATES INSURANCE COMPANY COMPANY B COMPANY C COMPANY D
INSURED HIAWATHA COAL COMPANY 3212 SOUTH STATE SALT LAKE CITY, UT 84115	

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	01CE30877310	11-24-97	11-24-98	GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AGG \$2,000,000
					PERSONAL & ADV INJURY \$1,000,000
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	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 OTH-ER
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 HIAWATHA COMPLEX ACT 0007/011 KING MINES LISTED AS #4-42-0098, #5-42-01389, #6-42-01599 EXPLOSION DAMAGE COVERED

CERTIFICATE HOLDER STATE OF UTAH DIVISION OF OIL, GAS & MINING 1594 WEST NORTH TEMPLE #1210 SALT LAKE CITY, UT 84114	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
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