Copy PAUL ACT/007/011 #4

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 01/14/99

PRODUCER
BENNION-TAYLOR INSURANCE
461 WEST MURRAY BLVD.
MURRAY, UT 84123
801-263-9883

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 HIAWATHA COAL COMPANY
3212 SOUTH STATE STREET
SALT LAKE CITY, UT 84115-3825

INSURERS AFFORDING COVERAGE

INSURER A: WEST AMERICAN INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|
| | GENERAL LIABILITY | | | | | |
| | [X] COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE | $1,000,000 |
| | [ ] CLAIMS MADE [X] OCCUR | | | | FIRE DAMAGE (Any one fire) | $ 100,000 |
| A | | BLW52313315 | 1-22-99 | 1-22-00 | MED EXP (Any one person) | $ 5,000 |
| | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | | | | | GENERAL AGGREGATE | $2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | $2,000,000 |
| | [ ] POLICY [ ] PRO-JECT [ ] LOC | | | | | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | [ ] ANY AUTO | | | | | |
| | [ ] ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | $ |
| | [ ] SCHEDULED AUTOS | | | | | |
| | [ ] HIRED AUTOS | | | | BODILY INJURY (Per accident) | $ |
| | [ ] NON-OWNED AUTOS | | | | | |
| | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | $ |
| | [ ] ANY AUTO | | | | OTHER THAN AUTO ONLY: EA ACC | $ |
| | | | | | AGG | $ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | $ |
| | [ ] OCCUR [ ] CLAIMS MADE | | | | AGGREGATE | $ |
| | | | | | | $ |
| | [ ] DEDUCTIBLE | | | | | $ |
| | [ ] RETENTION $ | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | [ ] WC STATUTORY LIMITS [ ] OTHER | |
| | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

HIAWATHA COMPLEX ACT 0007/011 KING MINES LISTED AS #4-42-0098, #5-42-01389, #6-42-01599 EXPLOSION DAMAGE COVERED

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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