

0007

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER

PRODUCER
 Marsh
 1000 Ridgeway Loop Road
 6th Floor
 Memphis, TN 38120
 Attn: Carol Kincaid 901 684-3667 Fax #901 684 3539

US1

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE	
COMPANY A	ZURICH AMERICAN INS. CO.
COMPANY B	ST. PAUL SURPLUS LINES
COMPANY C	
COMPANY D	

INSURED
 U. S. Fuel Company
 % Ms. Millie Workman
 8285 Tournament Dr., Suite 150
 Memphis, TN 38125

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE 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	\$250,000 Self-Insured Retention	04/01/05	04/01/06	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	\$ 750,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 750,000
	<input checked="" type="checkbox"/> Broad Form Vendors				FIRE DAMAGE (Any one fire)	\$ 500,000
	Coverage				MED EXP (Any one person)	\$ 10,000
A	AUTOMOBILE LIABILITY	Hired Auto Phys. Damage \$50,000 Limit \$1,000 Ded. Comp./\$1,000 Ded. Coll.	04/01/05	04/01/06	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	GARAGE LIABILITY				AUTO ONLY- EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
B	EXCESS LIABILITY		04/01/05	04/01/06	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 5,000,000
	OTHER THAN UMBRELLA FORM					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		04/01/05	04/01/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL	
					<input type="checkbox"/> EXCL	
						EL EACH ACCIDENT
					EL DISEASE-POLICY LIMIT	\$ 1,000,000
					EL DISEASE-EACH EMPLOYEE	\$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 STATE OF UTAH MINING PERMIT ACT/007-II-HIWATHA COMPLEX MINES LISTED
 AS #4-#42-00098; #5-#42-01389 AND #6-#42-01599

RECEIVED
APR 11 2005
 DIV. OF OIL, GAS & MINING

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 POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC
 BY: Mary L. Taliaferro *Mary L. Taliaferro*

MM1(3/02) VALID AS OF: 04/01/05