

***** P. 01 *****
 * 0006 TRANSACTION REPORT *
 * JUL-28-2003 MON 12:47 PM *
 * FOR: OIL, GAS & MINING 801 359 3940 *

 * DATE START RECEIVER TX TIME PAGES TYPE NOTE M# DP *

 * JUL-28 12:46 PM 14356135828 43" 2 SEND OK 648 *

 * TOTAL : 43S PAGES: 2 *

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Fax



Name: FAM
Organization: DOGM
Fax: 801 359 3940
From: Jay Marshall
Date: 7/18/03
Subject: UEI Liability Insurance
Pages: 1

Comments: As per your request

Any questions please call.

Thanks Jay

*Fax PO
 File Fireproof*

Fax

*Outgoing
7/18/03*
OK
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Name: PAM
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Comments: As per your request

Any questions please call.

Thanks Jay

*Fax #0
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JUL 18 2003

DIV. OF OIL, GAS & MINING

| | | |
|---|-------------------|---|
| PRODUCER (724)349-1300 Reschint Agency Inc 922 Philadelphia Street P.O. Box 449 Indiana, PA 15701 | FAX (724)349-1446 | 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 UtahAmerican Energy, Inc. 375 Carbon Avenue Price, UT 84501 | | INSURERS AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: National Union Fire Ins. Co. INSURER C: INSURER D: INSURER E: |
| | | NAIC # 20281 |

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.

| INSURANCE TYPE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------------|--|---------------|------------------------------------|-------------------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG | 37104410 | 06/01/2003 | 06/01/2004 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP ACC \$ 1,000,000 |
| | AUTOMOBILE LIABILITY <input checked="" 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 | (03)73171037 | 06/01/2003 | 06/01/2004 | COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| B | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000 | BE2988169 | 06/01/2003 | 06/01/2004 | EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | | | | WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 General Liability Coverage is inclusive of XCU Coverage.
 Reference: Horse Canyon Mine MSHA ID# 42-00100 and Lila Canyon Mine MSHA ID#42-02241
 Subsidence Coverage is included with \$250,000 property damage deductible under the General Liability Policy.

| | |
|--|---|
| CERTIFICATE HOLDER State of Utah Division of Oil, Gas, and Mining Attn: Pam Grubaugh-Littig 1594 West North Temple Suite 1210 Salt Lake City, UT 84114-5801 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL NOTICE MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE Karen Williams/KAREN |
|--|---|