

0022



State of Utah

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Norman H. Bangertter
Governor

Dee C. Hansen
Executive Director

Dianne R. Nielson, Ph.D.
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340

January 25, 1993

Ms. Kathleen G. Welt
Environmental Supervisor
Mountain Coal Company
P.O. Box 591
Somerset, Colorado 81434

Dear Ms. Welt:

Re: Certificate of Insurance, Mountain Coal Company, Gordon Creek #2, #7, and #8, Folder #4, Carbon County, Utah

ACT1007106

Enclosed please find the Certificate of Insurance that includes "Beaver Creek Coal Company". If you have any questions, please call me.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Grubaugh-Littig".

Pamela Grubaugh-Littig
Permit Supervisor

pgl
Enclosure

CERTIFICATE OF INSURANCE
 This Certificate of Insurance neither affirmatively nor negatively
 extends or alters the coverage, limits, terms or conditions
 of the policies it certifies.

File Act 1007/10



This is to Certify to

State of Utah
 Division of Oil, Gas and Mining
 Utah Department of Natural Resources
 4241 Stae Office Building
 Salt Lake City, UT 84114

COMPANY CODES

- CIGNA INSURANCE COMPANY
- CIGNA INS. CO. OF TEXAS
- PACIFIC EMPLOYERS INS. CO.
- INSURANCE COMPANY OF NORTH AMERICA
- CIGNA INS. CO. OF ILLINOIS
- CIGNA INS. CO. OF OHIO
- (OTHER: — SPECIFY)

FOLD

that the following described policy or policies, issued by The Company as coded below,
 providing insurance only for hazards checked by "X" below, have been issued to:

NAME AND ADDRESS OF INSURED
 Atlantic Richfield Company, its Subsidiaries and subsidiaries
 thereof as now or hereinafter constituted, Atlantic Richfield
 Plaza, 515 So. Flower Street, Los Angeles, CA 90071

covering in accordance with the terms thereof, at the following location(s):

Including Beaver Creek Coal Company

TYPE OF POLICY	HAZARDS	CO. CODE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
(a) Standard Workmen's Compensation & Employers' Liability	<input type="checkbox"/>	<input type="checkbox"/>			\$ Statutory W. C. One Accident and Aggregate Disease	
(b) General Liability Premises—Operations (including "Incidental Contracts" as defined below)	<input checked="" type="checkbox"/>	<input type="checkbox"/> g	ISL G1 519134-A	01/01/93 to 01/01/96	\$ *See Below	Each Person
	<input checked="" type="checkbox"/>	<input type="checkbox"/> g				Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	<input checked="" type="checkbox"/>	<input type="checkbox"/> g				
	<input checked="" type="checkbox"/>	<input type="checkbox"/> c				\$ Aggregate—Completed Operations/Products
Property Damage Premises—Operations (Including "Incidental Contracts" as defined below)	<input checked="" type="checkbox"/>	<input type="checkbox"/> g	ISL G1 519134-A	01/01/93 to 01/01/96	\$ *See Below	Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	<input checked="" type="checkbox"/>	<input type="checkbox"/> g				\$ Aggregate—Prem./Oper.
	<input checked="" type="checkbox"/>	<input type="checkbox"/> c				\$ Aggregate—Protective
	<input checked="" type="checkbox"/>	<input type="checkbox"/> g				\$ Aggregate—Completed Operations/Products
(c) Automobile Liability	<input checked="" type="checkbox"/>	<input type="checkbox"/> g	ISA 00 2353	01/01/93 to 01/01/96	\$ *See Below	Each Person
	<input checked="" type="checkbox"/>	<input type="checkbox"/> g				Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	<input checked="" type="checkbox"/>	<input type="checkbox"/> g				
	<input checked="" type="checkbox"/>	<input type="checkbox"/> c				\$ *See Below
Property Damage Owned Automobiles	<input checked="" type="checkbox"/>	<input type="checkbox"/> c	ISA 00 2353	01/01/93 to 01/01/96	\$	Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	<input checked="" type="checkbox"/>	<input type="checkbox"/> c				
	<input checked="" type="checkbox"/>	<input type="checkbox"/> g				
(d) ** Excess Liability See Attachment 5-04		9	XOO G 1519135-1	01/01/93 to 01/01/96	**Difference between underlying and \$7,500,000. *\$2,000,000 Combined Single Limit per occurrence, subject to aggregate of \$2,000,000, where applicable.	

Contractual Footnote: Subject to all the policy terms applicable, specific contractual coverage is provided as respects

- (Check) a contract
 (Applicable) purchase order agreements
 (Block) all contracts
- } between the Insured and:

to aggregate of \$2,000,000, where applicable.
 It is the intention of the company that in the event of cancellation of the policy or policies by the company, ten (10) days' written notice of such cancellation will be given to you at the address stated above.

NAME OF OTHER PARTY	DATE (if applicable)	CONTRACT NO. (if any)
DESCRIPTION (OR JOB)		

Definitions: "Incidental contract" means any written (1) lease of premises (2) easement agreement, except in connection with construction or demolition operations on or adjacent to a railroad (3) undertaking to indemnify a municipality required by municipal ordinance, except in connection with work for