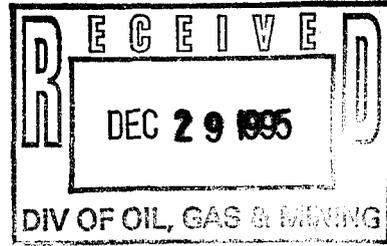


0001

Johnson & Higgins of California  
2029 Century Park East  
Los Angeles, California 90067  
Phone: 310 552 8700  
Fax: 310 552 9665



December 11, 1995

**RE: ATLANTIC RICHFIELD COMPANY  
RENEWAL CERTIFICATE OF INSURANCE**

Dear Certificate Holder:

Enclosed is a current certificate of insurance we issued in behalf of **ATLANTIC RICHFIELD COMPANY, ET AL** for the following coverages:

<u>COVERAGE</u>	<u>POLICY TERM</u>
Workers' Compensation	January 1, 1996 to January 1, 1997
General Liability )	
Automobile Liability )	January 1, 1996 to January 1, 1999
Excess Liability )	

If this certificate is no longer required to be on file with your office, please return it to me for cancellation.

Please call me at 310-551-4667 if you have any questions.

Thank you.

Sincerely,

*Evelyn J. Lucero*

Evelyn J. Lucero  
Account Administrator

ejl  
Enclosure

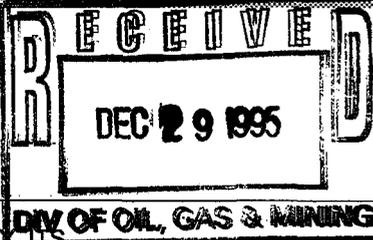
cc: David Lucas, CIGNA

*Called Page Beville,  
1/3 She will resubmit.  
ACT/007/016 #4.*

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
12/11/95

**PRODUCER**  
Johnson & Higgins of California  
Casualty Department  
2029 Century Park East  
Los Angeles, CA 90067  
Tel: (310) 551-4667  
0659A-GA2 XS5M



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 INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
- COMPANY B
- COMPANY C
- COMPANY D

**INSURED**  
ATLANTIC RICHFIELD COMPANY  
SUBSIDIARIES AND SUBSIDIARIES  
THEREOF AS NOW OR HEREINAFTER  
CONSTITUTED  
515 SOUTH FLOWER STREET  
LOS ANGELES, CALIFORNIA 90071

**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER <input checked="" type="checkbox"/> CONTRACTUAL <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> PERSONAL INJURY	ISL G1 423156-0	01-01-96	01-01-99	BODILY INJURY OCC \$ N/A BODILY INJURY AGG \$ N/A PROPERTY DAMAGE OCC \$ N/A PROPERTY DAMAGE AGG \$ N/A BI & PD COMBINED OCC \$ 2,000,000 BI & PD COMBINED AGG \$ *2,000,000 PERSONAL INJURY AGG \$ N/A
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS (Private Pass) ALL OWNED AUTOS (Other than Private Passenger) HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	ISA HO 635284-4	01-01-96	01-01-99	BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE \$ N/A BODILY INJURY & PROPERTY DAMAGE COMBINED \$ 2,000,000
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	<b>OTHER EXCESS LIABILITY</b>	XOO G1 423159-6	01-01-96	01-01-99	DIFFERENCE BETWEEN UNDERLYING LIMITS AND \$7,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS AND MAY HAVE DEDUCTIBLES OR RETENTIONS)

\*PRODUCTS COMPLETED OPERATIONS.

COVERAGE INCLUDES USE OR EXPLOSIVES AND DAMAGE TO WATER WELLS. IT IS HEREBY UNDERSTOOD AND AGREED THAT THE INSURERS NOTIFY THE STATE OF UTAH, DIVISION OF OIL, GAS AND MINING, WHENEVER SUBSTANTIVE CHANGES ARE MADE IN THE POLICY, INCLUDING ANY TERMINATION OR FAILURE TO RENEW IN ACCORDANCE WITH UMC 800.60.

**CERTIFICATE HOLDER**

STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING  
UTAH DEPARTMENT OF NATURAL RESOURCES  
4241 STATE OFFICE BUILDING  
SALT LAKE CITY, UTAH 84114

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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