

0005

Document Information Form

Mine Number: C/007/016

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: December 26, 1995

Explanation:

Certificate of Insurance

cc:

File in: C/007/016, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

AGORD. 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-GL5H

26 1995

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

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

*PRODUCTS COMPLETED OPERATIONS. NAMED INSURED INCLUDES MOUNTAIN
**INCLUDES "XCU" COVERAGE
GORDON CREEK #2, #7 AND #8 ACT/007/016.

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0005 Date 12-26-95
In C/ 007, 016, Incoming

For additional information

(DNS)

CERTIFICATE HOLDER

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
355 WEST NORTH TEMPLE
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UTAH 84180-1203

LED BEFORE THE

EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 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

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



26 1995

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:

COVERAGE

POLICY TERM

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
Account Administrator

ejl
Enclosure

cc: David Lucas, CIGNA