

Document Information Form

Mine Number: C/007/016

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORID

Date Sent: June 01, 1998

Explanation:

Certificate of Liability Insurance

cc:

File in: C/007,016, Incoming

- Refer to:
- Confidential
 - Shelf
 - Expandable

Date _____ For additional information

ACT 10071014 green binder

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
6/1/98

PRODUCER
 Sedgwick of Missouri, Inc.
 700 Corporate Park Drive, Suite 200
 Clayton, Missouri 63105-7281
 (314) 505-8800

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
 Mountain Coal Company, L.L.C.
 P.O. Box 591
 1 Mile East of Somerset - Highway 133
 Somerset, Colorado 81434

COMPANIES AFFORDING COVERAGE	
COMPANY A	USF&G
COMPANY B	
COMPANY C	
COMPANY D	

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Includes XCU	ICG14556324200	6/1/98	7/31/98	GENERAL AGGREGATE \$ * 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$
	OTHER				

* A \$500,000 general aggregate applies per location.

File in:
 Confidential
 Shelf
 Expandable
 Refer to Record No. 0025 Date 6/1/98
 In C/ 007, 016, Incoming
 For additional information _____

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Permit ACT/007/016, Gordon Creek Mines 2, 7, & 8

CERTIFICATE HOLDER
 Utah Department of Natural Resources
 Division of Oil, Gas and Mining
 1594 West North Temple
 Suite 1210
 Salt Lake City, Utah 84114-5801

CANCELLED
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED 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 ON ANY PARTY UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Lawrence A. Sweet

ACT 1007016 green binder

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6/1/98

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	PRODUCTS - COMP/OP AGG \$ 500,000				
	PERSONAL & ADV INJURY \$ 300,000				
	EACH OCCURRENCE \$ 300,000				
	FIRE DAMAGE (Any one fire) \$ 300,000				
	MED EXP (Any one person) \$ 5,000				
	COMBINED SINGLE LIMIT \$				
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OTHER				OTHER THAN AUTO ONLY: \$	
				EACH ACCIDENT \$	
				AGGREGATE \$	
				EACH OCCURRENCE \$	
				AGGREGATE \$	
				\$	
				WC STATUTORY LIMITS OTH-ER \$	
				EL EACH ACCIDENT \$	
				EL DISEASE - POLICY LIMIT \$	
				EL DISEASE - EA EMPLOYEE \$	

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