



July 20, 2004

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Via UPS Overnight

Ms. Pam Grubaugh-Littig
 Utah Department of Natural Resources
 Division of Oil, Gas and Mining
 1594 West North Temple, Suite 1210
 Salt Lake City, UT 84114-5801

DIV. OF OIL, GAS & MINING

Re: Canyon Fuel Company, LLC/Mountain Coal Company, L.L.C. *e/007/0002*
 Certificates of Liability Insurance

e/007/0016 ✓

Dear Ms. Grubaugh-Littig:

Enclosed are new Certificates of Liability Insurance for the following:

Canyon Fuel Company, LLC: Permits: ACT/007/005, ACT/007/018, ACT/007/039
 ACT/007/034, ACT/041/002

Mountain Coal Company, L.L.C.: Permit: ACT/007/016

I trust you will find the enclosures to be in order.

Sincerely,

Stacy Carr
 Stacy Carr

Risk Management Department

Enclosures

cc: Kerry Frame, CFC-Salt Lake
 Chris Hansen, CFC-Skyline
 Mike Davis, CFC-Sufco
 Vicky Miller, CFC-Dugout
 Henry Barbe, MCC
 Phil Schmidt, MCC
 Mary Stahl, MCC

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CHI-000333518-08

PRODUCER

Marsh USA Inc.
800 Market Street, Suite 2600
St. Louis, MO 63101-2500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY
A FEDERAL INSURANCE CO
- COMPANY
B
- COMPANY
C
- COMPANY
D

001950-state-GL8-04-05

Y

INSURED

Canyon Fuel Company, LLC
6955 Union Park Center
Suite 540
Midvale, UT 84047

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

7

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE 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	3711-00-10	07/31/04	07/31/05	GENERAL AGGREGATE	\$ * 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	****\$500,000 general aggregate			PRODUCTS - COMP/OP AGG	\$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	****per location****			PERSONAL & ADV INJURY	\$ 300,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 300,000
	<input checked="" type="checkbox"/> Includes XCU				FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL			EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EACH EMPLOYEE	\$
	OTHER					

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Permit Banning Loadout ACT/007/034

DIV. OF OIL, GAS & MINING

CERTIFICATE HOLDER

Utah Dept. Of Natural Resources
Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL SEND BY MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN.

MARSH USA INC.

By: Alfred A. Peterfeso

MM1(3/02)

Alfred A. Peterfeso

VALID AS OF: 07/20/04

MARSH

CERTIFICATE OF INSURANCE

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CHI-000333513-08

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	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
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		<input type="checkbox"/> EXCL			EL DISEASE-POLICY LIMIT	\$
	OTHER				EL DISEASE-EACH EMPLOYEE	\$

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CERTIFICATE HOLDER

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MARSH USA INC.

BY: Alfred A. Peterfeso

Alfred A. Peterfeso

MM1(3/02)

VALID AS OF: 07/20/04

