

0003

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

**JOHNSON  
& HIGGINS** Established 1845

RECEIVED  
JAN 8 1996

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

ACT/009/1017

Original to file, Copy Permitted

# ACORD. CERTIFICATE OF INSURANCE

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

**PRODUCER**  
 Johnson & Higgins of California  
 Liability Department  
 Century Park East  
 Los Angeles, CA 90067  
 Tel: (310) 551-4667  
 0659A-GL 500H

JAN 8 1996  
 DIV OF OIL, GAS & MINING

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 HERINAFTER  
 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>  | ISL G1 432156-0 | 01-01-96                         | 01-01-99                          |   |
|        | <input checked="" type="checkbox"/> COMPREHENSIVE FORM  |                 |                                  |                                   | BODILY INJURY OCC \$ N/A                    |
|        | <input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD             |                 |                                  |                                   | BODILY INJURY AGG \$ N/A                    |
|        | <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER   |                 |                                  |                                   | PROPERTY DAMAGE OCC \$ N/A                  |
|        | <input checked="" type="checkbox"/> CONTRACTUAL   |                 |                                  |                                   | PROPERTY DAMAGE AGG \$ N/A                  |
|        | <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS   |                 |                                  |                                   | BI & PD COMBINED OCC \$ 500,000             |
|        | <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE  |                 |                                  |                                   | BI & PD COMBINED AGG \$ *500,000            |
|        | <input checked="" type="checkbox"/> PERSONAL INJURY   |                 |                                  |                                   | PERSONAL INJURY AGG \$ N/A                  |
|        | <b>MOBILE LIABILITY</b>   |                 |                                  |                                   |   |
|        | <input type="checkbox"/> ANY AUTO   |                 |                                  |                                   | BODILY INJURY (Per person) \$               |
|        | <input type="checkbox"/> ALL OWNED AUTOS (Private Pass)   |                 |                                  |                                   | BODILY INJURY (Per accident) \$             |
|        | <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)                                     |                 |                                  |                                   | PROPERTY DAMAGE \$                          |
|        | <input type="checkbox"/> HIRED AUTOS  |                 |                                  |                                   | BODILY INJURY & PROPERTY DAMAGE COMBINED \$ |
|        | <input type="checkbox"/> NON-OWNED AUTOS  |                 |                                  |                                   |   |
|        | <input type="checkbox"/> GARAGE LIABILITY   |                 |                                  |                                   |   |
|        | <b>EXCESS LIABILITY</b>   |                 |                                  |                                   |   |
|        | <input type="checkbox"/> UMBRELLA FORM  |                 |                                  |                                   | EACH OCCURRENCE \$                          |
|        | <input type="checkbox"/> OTHER THAN UMBRELLA FORM   |                 |                                  |                                   | 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 \$                  |
|        | <b>OTHER</b>  |                 |                                  |                                   |   |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS** (LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS AND MAY HAVE DEDUCTIBLES OR RETENTIONS)  
 \*PRODUCTS COMPLETED OPERATIONS. NAMED INSURED INCLUDES MOUNTAIN COAL COMPANY AND ARCO COAL COMPANY.  
 INCLUDES "XCU" COVERAGE. "GORDON CREEK #3 AND #6 MINES INA/007/017.

**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

**CANCELLATION**  
 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 OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE