

### Document Information Form

Mine Number: C1007/018

File Name: Incoming

To: DOGM

From:

Person N/A

Company MATHER & COMPANY

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

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\_\_\_\_\_

cc:

File in: C1007, 018, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date \_\_\_\_\_ For additional information

**CERTIFICATE OF INSURANCE**

*Sage Point*  
 OCT 10 07/009  
 12/17/85  
 #5

**PRODUCER**

Mather & Co.  
 226 Walnut Street  
 Philadelphia, PA 19106

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER <b>A</b>	Travelers Indemnity Company
COMPANY LETTER <b>B</b>	
COMPANY LETTER <b>C</b>	
COMPANY LETTER <b>D</b>	
COMPANY LETTER <b>E</b>	

**INSURED**

Sun Company, Inc., its Affiliates  
 and Subsidiaries  
 1801 Market Street  
 Philadelphia, PA 19103  
 Incl. Sunedco Coal Company

RECEIVED  
 DEC 23 1985

**DIVISION OF OIL GAS & MINING**

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					PER OCCURRENCE	EACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b>	T-SLG 186T908-A	1-1-85	Until Cancelled	BODILY INJURY	\$	\$
<input checked="" type="checkbox"/>	COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
<input checked="" type="checkbox"/>	PREMISES/OPERATIONS				BI & PD COMBINED	\$ 3,000	\$ 3,000
<input checked="" type="checkbox"/>	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$	
<input checked="" type="checkbox"/>	PRODUCTS/COMPLETED OPERATIONS						
<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						
	<b>AUTOMOBILE LIABILITY</b>	File in: <input type="checkbox"/> Confidential <input type="checkbox"/> Shelf <input type="checkbox"/> Expandable Refer to Record No. <u>0003</u> Date _____ In C/ <u>007, 018</u> , Incoming For additional information	1-1-85	Until Cancelled	BODILY INJURY (PER PERSON)	\$	
<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
<input checked="" type="checkbox"/>	ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
<input checked="" type="checkbox"/>	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$ 3,000	
<input checked="" type="checkbox"/>	HIRE AUTOS						
<input checked="" type="checkbox"/>	NON-OWNED AUTOS						
<input checked="" type="checkbox"/>	GARAGE LIABILITY						
<input checked="" type="checkbox"/>	Comprehensive Form						
	<b>EXCESS LIABILITY</b>						
<input type="checkbox"/>	UMBRELLA FORM				BI & PD COMBINED	\$	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM						
<input checked="" type="checkbox"/>	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	TDRKUB 186T894-8	1-1-85	Until Cancelled	STATUTORY	\$	(EACH ACCIDENT)
						\$	(DISEASE-POLICY LIMIT)
						\$	(DISEASE-EACH EMPLOYEE)
<input checked="" type="checkbox"/>	<b>OTHER</b>	TM 186T900-5	1/1/85	Until Cancelled			
<input checked="" type="checkbox"/>	Cargo Liability						

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

All Vehicles - Operations - Locations "Sage Point Dugout Properties"

**CERTIFICATE HOLDER**  
 Utah Division of Oil, Gas & Mining  
 355 W. North Temple  
 3 Tri-Ade Center, Ste. 350  
 Salt Lake City, Utah 84180

**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  
*Richard C. Barbieri*

**CCCIC CERTIFICATE OF INSURANCE**

*See Page Point*  
 OCT 1007/009  
 12/17/85  
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					BODILY INJURY	PROPERTY DAMAGE	AGGREGATE
A	<b>GENERAL LIABILITY</b>	T-SLG 186T908-A	1-1-85	Until Cancelled	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS				BI & PD COMBINED	\$ 3,000	\$ 3,000
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY		\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
A	<b>AUTOMOBILE LIABILITY</b>	T-CAP 186T901-7	1-1-85	Until Cancelled	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$ 3,000	
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<b>EXCESS LIABILITY</b>				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
A	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	TDRKUB 186T894-8	1-1-85	Until Cancelled	STATUTORY	\$	(EACH ACCIDENT)
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
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 AUTHORIZED REPRESENTATIVE  
*Richard C. Barklee*