

Document Information Form

Mine Number: CI007/018

File Name: Incoming

To: DOGM

From:

Person N/A

Company FRED S. JAMES & COMPANY OF CALIFORNIA.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in: CI 007, 018, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

*File Act 1007
Copy to SCL*

PRODUCER

FRED S. JAMES & CO. OF CALIF.
2415 CAMPUS DR., SUITE 100
P.O. BOX 19592
IRVINE, CA 92713-9688
TEL: (714) 752-0990 and (213) 583-1395

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 LETTER A	Lexington Insurance Company
COMPANY LETTER B	Lexington Insurance Company
COMPANY LETTER C	Transamerica Premier Insurance Company
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Soldier Creek Coal Company
California Portland Cement Company
P. O. Box I
Price, Utah 84501

COVERAGES

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		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	PC 5558301	3-1-84	7-1-85	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$500,	\$ 500,
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 500,
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
B	AUTOMOBILE LIABILITY	PC 5558301	3-1-84	7-1-85	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$ Incl.	
	<input type="checkbox"/> HIRED AUTOS						
C	EXCESS LIABILITY	USU 1339 7813	7-1-84	7-1-85	BI & PD COMBINED	\$1,000,	Excess of Underlying
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	\$	(EACH ACCIDENT)
						\$	(DISEASE-POLICY LIMIT)
						\$	(DISEASE-EACH EMPLOYEE)
	OTHER						

RECEIVED
FEB 14 1985

DIVISION OF OIL GAS & MINING

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Location: Price, Utah

CERTIFICATE HOLDER

State of Utah
Division of Oil, Gas and
355 W.N. Temple
3 Triad Center, Suite 3
Salt Lake City, Utah 84111

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0033 Date _____
In C/ 007, 018, Incoming _____
For additional information

THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION OF, THE ISSUING COMPANY WILL ENDEAVOR TO ADVISE THE CERTIFICATE HOLDER NAMED TO THE EFFECT OF SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY ON THE COMPANY OR ITS AGENTS OR REPRESENTATIVES.

James & Co.

PRODUCER

FRED S. JAMES & CO. OF CALIF.
 2415 CAMPUS DR., SUITE 100
 P.O. BOX 19592
 IRVINE, CA 92713-9688
 TEL: (714) 752-0990 and (213) 583-1395

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INSURED

Soldier Creek Coal Company
 California Portland Cement Company
 P. O. Box I
 Price, Utah 84501

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	PC 5558301	3-1-84	7-1-85	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$500,	\$ 500,
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 500,
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
B	AUTOMOBILE LIABILITY	PC 5558301	3-1-84	7-1-85	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$Incl.	
	<input type="checkbox"/> HIRED AUTOS						
C	EXCESS LIABILITY	USU 1339 7813	7-1-84	7-1-85	BI & PD COMBINED	\$1,000,	Excess of Underlying
	<input checked="" type="checkbox"/> UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	\$	(EACH ACCIDENT)
						\$	(DISEASE-POLICY LIMIT)
						\$	(DISEASE-EACH EMPLOYEE)
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Location: Price, Utah

CERTIFICATE HOLDER

State of Utah
 Division of Oil, Gas and Mining
 355 W.N. 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 30 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 AND AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]