

Document Information Form

Mine Number: C/007/018

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: N/A

Explanation:

Certificate of Insurance

cc:

File in: C/007, 018, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

ACORD CERTIFICATE OF INSURANCE

0024032
CC 007/018

ISSUE DATE (MM/DD/YY)

9-7-93

PRODUCER

Flat Top Insurance
P. O. Box 1439
Bluefield, WV 24701

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** Fidelity & Casualty Co. of New York
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

The Coastal Corporation, Etal.
c/o Energy Insurance Int'l.
P. O. Box 36429
Houston, TX 77236-6429



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
	GENERAL LIABILITY				GENERAL AGGREGATE \$2,000,000
A X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$2,000,000
	CLAIMS MADE X OCCUR.	MCD001405	12/31/92	12/31/93	PERSONAL & ADV. INJURY \$2,000,000
X	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$2,000,000
X	XCU				FIRE DAMAGE (Any one fire) \$100,000
					MED. EXPENSE (Any one person) \$10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
A	OTHER Pollution	MCP001406	12/31/92	12/31/93	\$500,000 Ea. Incident \$500,000 Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Soldier Creek Coal Company is included as a referenced policies as respects Permits No. 1

File in:
 Confidential
 Shelf
 Expandable
 Refer to Record No 0026 Date _____
 In C/ 007, 018, Incoming
 For additional information

CERTIFICATE HOLDER
State of Utah
Div. of Oil, Gas & Mining
3 Triad Center, Suite 350
Salt Lake City, UT 84108-1203

CANCELLATION
SHOULD ANY C
EXPIRATION D
MAIL 90 DA
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

Adney O. Meshy
AGENCY

ACORD. CERTIFICATE OF INSURANCE

002032
CC007/018

ISSUE DATE (MM/DD/YY)

9-7-93

PRODUCER

Flat Top Insurance
P. O. Box 1439
Bluefield, WV 24701

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INSURED

The Coastal Corporation, Etal.
c/o Energy Insurance Int'l.
P. O. Box 36429
Houston, TX 77236-6429



COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
A X	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$2,000,000
	CLAIMS MADE X OCCUR.				PRODUCTS-COMP/OP AGG. \$2,000,000
X	OWNER'S & CONTRACTOR'S PROT.	MCD001405	12/31/92	12/31/93	PERSONAL & ADV. INJURY \$2,000,000
X	XCU				EACH OCCURRENCE \$2,000,000
					FIRE DAMAGE (Any one fire) \$100,000
					MED. EXPENSE (Any one person) \$10,000
	AUTOMOBILE LIABILITY				
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
A	OTHER Pollution	MCP001406	12/31/92	12/31/93	\$500,000 Ea. Incident \$500,000 Aggregate \$5,000 Deductible

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Soldier Creek Coal Company is included as a Named Insured under the referenced policies as respects Permits No. ACT/007/034 and ACT/007/018

CERTIFICATE HOLDER

State of Utah
Div. of Oil, Gas & Mining
3 Triad Center, Suite 350
Salt Lake City, UT 84108-1203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 90 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

Adney O. Mesh

THE COASTAL CORPORATION

NAMED INSUREDS

- A. ANR Coal Company
ANR Western Coal Development Company
Birmingham Coal Company
Brooks Run Coal Company
Cat Run Coal Company
Coastal Coal Sales, Inc. (formerly Coastal Coal
International, Inc.)
Enterprise Coal Company (formerly Apache Mining Co.)
Greenbrier Coal Co.
Kingwood Coal Company
Skyline Coal Company
Southern Utah Fuel Company
Unique Mining Systems, Inc.
Utah Fuel Company
Virginia City Coal Company
Virginia Iron, Coal and Coke Company

and/or subsidiary, associated and affiliated companies or owned or controlled companies as were or are now or may hereinafter constituted, and

- B. The Coastal Corporation, Coastal Natural Gas Company, Coastal States Energy Company and American Natural Resources Company but only in their capacity as parent and/or holding company to those entities scheduled in (A) above and, only as respects liabilities arising out of operations carried out by or for those entities scheduled in (A) above.

For the purpose of receiving and giving notice and payment or return of premium The Coastal Corporation shall be deemed the only named insured and shall act as the agent of any and all other named insureds.

Prepared by:

Flat Top Insurance Agency
P. O. Box 1439
Bluefield, WV 24701

12-30-92