

### Document Information Form

Mine Number: C/007/020

File Name: Incoming

To: DOGM

**From:**

Person N/A

Company N/A

Date Sent: N/A

**Explanation:**

CERTIFICATE OF INSURANCE

cc:

File in: C/007/020, 1992, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

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



# CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS  
ISSUE DATE (MM/DD/YY)  
5-29-92

PRODUCER  
  
Tatton Insurance Agency, Inc.  
Post Office Box 888  
Price, Utah 84501

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.

*Supersede file*

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** R.J. Salisbury & Associates

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED  
  
Blue Blaze Coal Company  
Post Office Box 748  
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	<b>GENERAL LIABILITY</b>	052992	5-29-92	5-29-93	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 1,000,000.00	
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY	\$	
	<input type="checkbox"/> CONTRACTUAL						
	<input type="checkbox"/> INDEPENDENT CONTRACTORS						
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (PER PERSON)	\$	
	<input 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	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	<b>EXCESS LIABILITY</b>				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	<b>OTHER</b>						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Blue Blaze #1 and #2  
ACT/007/020

**CANCELLATION:** Should any of the above described policies be cancelled?

**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 POLICIES BE CANCELLED, THE POLICY EXPIRATION DATE SHALL BE THE DATE OF MAIL LEFT, BUT FAILURE TO MAIL SHALL NOT BE A BASIS FOR CANCELLATION OF ANY KIND UPON THE AUTHORIZED REPRESENTATIVE OF THE INSURED.

File in:  
 Confidential  
 Shelf  
 Expandable  
Refer to Record No. 0004 Date N/A  
In CIC07/020, 1992 Incoming  
For additional information

Richard Tatton, Agent



# CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS  
 ISSUE DATE (MM/DD/YY)  
 5-29-92

PRODUCER  
 Tatton Insurance Agency, Inc.  
 Post Office Box 888  
 Price, Utah 84501

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*Suepoy file*

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER	<b>A</b>	R.J. Salisbury & Associates
COMPANY LETTER	<b>B</b>	
COMPANY LETTER	<b>C</b>	
COMPANY LETTER	<b>D</b>	
COMPANY LETTER	<b>E</b>	

INSURED  
 Blue Blaze Coal Company  
 Post Office Box 748  
 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	<b>GENERAL LIABILITY</b>	052992	5-29-92	5-29-93	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL				BI & PD COMBINED	\$ 1,000,000.00	
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY	\$	
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input type="checkbox"/> PERSONAL INJURY						
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (PER PERSON)	\$	
	<input 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	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	<b>EXCESS LIABILITY</b>				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
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					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	<b>OTHER</b>						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 Blue Blaze #1 and #2  
 ACT/007/020

**CANCELLATION:** Should any of the above described policies be changed and/or cancelled before the expiration date thereof, the issuing company will mail (certified) written notice to certificate holder.

**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 \_\_\_\_\_ 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 Tatton, Agent *Richard Tatton*