

0017

Document Information Form

Mine Number: C/007/020

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: JUNE 2, 1995

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in: C/007/020, 1995, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

ACORD

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

5/26/95

Original to Director
Copy to P&O/007/020 #4

PRODUCER

Sedgwick James of TN, Inc.
P. O. Box 19810
Knoxville, TN 37939-2810

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 Fidelity & Casualty of NY
- COMPANY
B
- COMPANY
C
- COMPANY
D

INSURED

Horizon Coal Corporation
(Cumberland Resources Corp.)
P. O. Box 2560
Wise VA 24293

COVERAGES

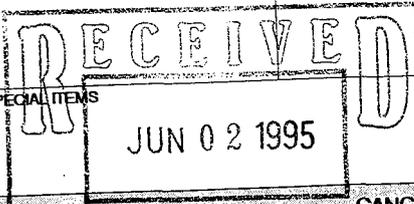
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT	MCD002082	10/01/94	10/01/95	GENERAL AGGREGATE \$ 2000000 PRODUCTS-COMP/OP AGG \$ 2000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 50000 MED EXP (Any one person) \$ 5000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTO				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accidnet) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$
	OTHER				

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0017 Date 6-2-95
In C1007/020 1995 Incoming
For additional information



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

STATE OF UTAH - DEPT OF NAT RESOURCES
DIV OF OIL, GAS & MINING
355 W. NORTH TEMPLE
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UT 84150-1203

DIV. OF OIL, GAS & MINING

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, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Samuel J. Rosving

ACORD

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

5/26/95

Original Policy # 720/009/0200 #4

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COMPANIES AFFORDING COVERAGE

- COMPANY A Fidelity & Casualty of NY
COMPANY B
COMPANY C
COMPANY D

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P. O. Box 2560
Wise VA 24293

COVERAGES

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Table with columns: CO LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess Liability, Workman's Compensation, and Other.

RECEIVED JUN 02 1995

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CERTIFICATE HOLDER

STATE OF UTAH - DEPT OF NAT RESOURCES
DIV OF OIL, GAS & MINING
355 W. NORTH TEMPLE
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UT 84150-1203

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Signature of Samuel J. Roser