

Document Information Form

Mine Number: C/007/020

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: SEP. 11, 1996

Explanation:

CERTIFICATE OF LIABILITY INSURANCE

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\_\_\_\_\_

cc:

File in:  
C/ 007/020, 1996, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

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

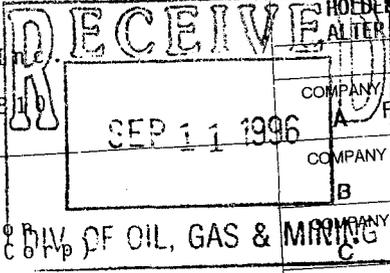
ACORD

CERTIFICATE OF LIABILITY INSURANCE

3100120

PRODUCER

Jan C. Melton  
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  
COMPANY B  
COMPANY C  
COMPANY D

Fidelity & Casualty

007/020

*True copy file  
Copy to Permit #007/020  
ad #4 Binder 11*

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	MCL002783	8/12/96	8/12/97	GENERAL AGGREGATE	\$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1000000
	OWNER'S & CONT PROT				EACH OCCURRENCE	\$ 1000000
	AUTOMOBILE LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50000
	<input type="checkbox"/> ANY AUTO				MED EXP (Any one person)	\$ 5000
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTO				PROPERTY DAMAGE	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
	EXCESS LIABILITY				EACH ACCIDENT	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
	WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY				AGGREGATE	\$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			WC STATUTORY LIMITS	
		<input type="checkbox"/> EXCL			OTHER	
	OTHER				EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED AND LESSER AS THEIR INTEREST MAY APPEAR. HORIZON #1 MINE PERMIT #007/020. THIS POLICY INCLUDES COVERAGE FOR PROPERTY DAMAGE & PERSONAL INJURY RESULTING FROM USE OF EXPLOSIVES.

CERTIFICATE HOLDER

DIVISION OF OIL, GAS & MINING  
DEPT. OF NATURAL RESOURCES  
1594 W. NORTH TEMPLE STE 1210  
PO BOX 195801  
SALT LAKE CITY UT 84114-5801

CAN  
SE  
AUTHC

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0016 Date 9-11-96  
In 007/020, 1996, Incoming

For additional information

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

3100120

PRODUCER

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

RECEIVED  
SEP 11 1996

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COMPANIES AFFORDING COVERAGE

COMPANY A Fidelity & Casualty 007/020  
COMPANY B  
COMPANY C  
COMPANY D  
*Fireproof file  
Copy to Permit #007/020  
Binder 11  
Ad #4*

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	MCL002783	8/12/96	8/12/97	GENERAL AGGREGATE	\$ 2 000 000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 2 000 000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1 000 000
	OWNER'S & CONT PROT				EACH OCCURRENCE	\$ 1 000 000
					FIRE DAMAGE (Any one fire)	\$ 5 000
					MED EXP (Any one person)	\$ 5 000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> NON-OWNED AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	GARAGE LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE	\$
					AGGREGATE	\$
	EXCESS LIABILITY				WC STATUTORY LIMITS	
	<input type="checkbox"/> UMBRELLA FORM				OTHER	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EL EACH ACCIDENT	\$
	WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY				EL DISEASE - POLICY LIMIT	\$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL DISEASE - EA EMPLOYEE	\$
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL					
	OTHER					

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CERTIFICATE HOLDER

DIVISION OF OIL, GAS & MINING  
DEPT. OF NATURAL RESOURCES  
1594 W. NORTH TEMPLE STE 1210  
PO BOX 195801  
SALT LAKE CITY UT 84114-5801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT

AUTHORIZED REPRESENTATIVE

*Samuel J. Roser*

ACORD CORPORATION



Sedgwick

Sedgwick James of Tennessee, Inc.  
4700 Old Kingston Pike, Knoxville, Tennessee 37919  
Telephone 423 584-9101. Facsimile 423 450-3333

September 6, 1996

**\*VIA FAX\***

Mr. Bradley J. Bourquin, P.E.  
1131 S. Dover St.  
Lakewood, CO 80232

**RE: HORIZON COAL CORP. CERTIFICATE FOR DOGM - PERMIT #007/020**

Dear Bradley:

Marvin Gilliam forwarded to us your facsimile request of 9/5/96 for changes to the DOGM certificate. Our response to the modifications are as follows:

- \* We have added the statement "This policy includes coverage for property damage & personal injury resulting from the use of explosives."
- \* We have modified the cancellation clause as requested except the number of days will be 30 days. The underwriter is not willing to extend the # of days.
- \* We are unable to delete the statement in the upper right hand corner that says "This certificate is issued as a matter of information only and confers no rights upon the certificate holder."

Enclosed you will find a copy of the revised certificate. I will mail DOGM the original.

Sincerely,

Sheila R. Brill  
Customer Service Representative  
Mining Division

\srb

Enclosure

cc: Marvin Gilliam