

0017

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

cc:

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

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

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.

RECEIVED
SEP 11 1996

COMPANIES AFFORDING COVERAGE

COMPANY A Fidelity & Casualty

INSURED

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

COMPANY B
COMPANY C
COMPANY D

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

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	MCL002783	8/12/96	8/12/97	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
	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 accident) \$ 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				WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED AND LESSOR AS THEIR INTEREST MAY APPEAR. HORIZON #1 MINE PERMIT #007/020. THIS POLICY INCLUDES COVERAGE FOR PROPERTY DAMAGE & PERSONAL AND ADV 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

CANCEL

SHOULD EXPIRE 30

AUTHORIZE

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No. 007/7 Date 9-11-96
In C/007/020, 1996, Incoming
For additional information

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
9/06/96

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Fireproof file
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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
	<input type="checkbox"/> OWNER'S & CONT PROT				EACH OCCURRENCE	\$ 1 000 000
					FIRE DAMAGE (Any one fire)	\$ 5 000 00
					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	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
	EXCESS LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$
	WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT	\$
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE	\$
	OTHER					

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CERTIFICATE HOLDER USE OF EXPLOSIVES

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 ~~EMPLOY~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT

AUTHORIZED REPRESENTATIVE

Samuel J. Rosinski