

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, 1997, Incoming

Refer to:

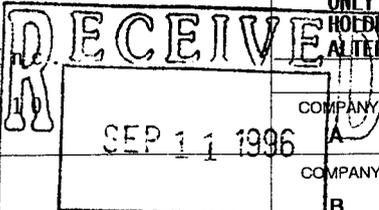
- Confidential
- Shelf
- Expandable

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.



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

*Fireproof file
Copy to Permit ~~Lead~~
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	\$ 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 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	OTHER
					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 INTEREST MAY APPEAR. HORIZON #1 MINE PERM INCLUDES COVERAGE FOR PROPERTY DAMAGE & PE

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

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File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0040 Date 9-11-96
In C1007/020, 1977 Incoming
For additional information

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MAIL
THE LEFT

AUTHORIZED REPRESENTATIVE

Samuel J. Rosin

PRODUCER

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

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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

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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	\$
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					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 INJURY RESULTING FROM

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

AUTHORIZED REPRESENTATIVE

Samuel J. Rosin