

Snell & Wilmer

LLP
LAW OFFICES
111 East Broadway
Suite 900
Salt Lake City, Utah 84111-1004
(801) 237-1900
FAX (801) 237-1950

PHOENIX, ARIZONA
TUCSON, ARIZONA
IRVINE, CALIFORNIA
SALT LAKE CITY, UTAH

0003

Time In _____

FACSIMILE REQUEST FORM

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PLEASE DELIVER THE FOLLOWING MATERIAL AS SOON AS POSSIBLE

TO: FACSIMILE NUMBER:

**LARRY JONES
PAMELA GRUBAUGH-
LITTIG
RICHARD HADFIELD**

TO: FACSIMILE NUMBER:

**435-448-9456
435-472-3980
359-3940

606-273-5998**

FROM:
Denise A. Drago

*ACT/007/020
#4*

REMARKS:

Pam

**RE: HORIZON MINING, LLC -- CERTIFICATE OF INSURANCE
RE: EARTHFAX ENGINEERING, INC.**

ORIGINAL DOCUMENT: Will be sent

CONFIRMATION No.:
(IF REQUIRED)

NUMBER OF PAGES:
(INCL. COVER PAGE) 4

DATE: December 30, 1998

CLIENT/ MATTER: 33999.0001

PLEASE RETURN TO: Julie McKenzie

PERSONAL FAX: No

REQUEST/ATTORNEY: Denise A. Drago

DIRECT LINE: 801-237-1998

**IF YOU HAVE NOT PROPERLY RECEIVED THIS TELECOPY
PLEASE CALL US AT (801) 237-1900
OUR FACSIMILE NUMBER IS (801) 237-1950**

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Snell & WilmerL.L.P.
LAW OFFICES111 East Broadway, Suite 900
Salt Lake City, Utah 84111
(801) 237-1900
Fax: (801) 237-1950

SALT LAKE CITY, UTAH

PHOENIX, ARIZONA

TUCSON, ARIZONA

IRVINE, CALIFORNIA

Denise A. Drago (801) 237-1998
Internet: ddrago@swlaw.com

December 30, 1998

*Via Facsimile & U.S. Mail*Richard W. Hatfield
Acordia of Kentucky -- Lex
Lexington Green Two, Suite 410
220 Lexington Green Circle
Lexington, Kentucky 40503-3311**RE: *Horizon Mining, LLC***

Dear Richard:

Enclosed is the Certificate of Insurance dated November 19, 1998, for Horizon Mining, LLC. The Utah Division of Oil, Gas & Mining has requested that the cancellation clause for the certificate of insurance be amended to provide as follows:

Should any of the above-described policies be cancelled before the expiration date hereof, the issuing company will mail 45 days written notice to the certificate holder named to the left.

Also enclosed is the Division's mark-up of the cancellation clause for your information.

Please let me know if you need anything further.

Wishing you all the best in 1999.

Very truly yours,



Denise A. Drago

DAD:jmc:74002

cc: Pamela Grubaugh-Littig
Larry Jones

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
11/19/98

PRODUCER
Acardia of Kentucky-Lex
Lexington Green Two, Suite 410
220 Lexington Green Circle
Lexington, KY 40503-3311
606-273-6600

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.

INSURED
Horizon Mining, LLC
c/o Commonwealth Coal
5413 Patterson Drive, Ste. 200
Richmond, VA 23226

COMPANIES AFFORDING COVERAGE
COMPANY
A Natl Union Fire Ins Co of PA
COMPANY
B Federal Insurance Company
COMPANY
C
COMPANY
D

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
B	GENERAL LIABILITY	3710-46-32	4/01/98	4/01/99	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> Blasting				FIRE DAMAGE (Any one fire) \$ 100000
					MED EXP (Any one person) \$ 10000
	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				
	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 \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC5654251	4/01/98	4/01/99	STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EACH ACCIDENT \$ 1000000
					DISEASE - POLICY LIMIT \$ 1000000
					DISEASE - EACH EMPLOYEE \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
Utah Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
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 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
Richard W. [Signature] 09/31/4000

ACORD. CERTIFICATE OF INSURANCE

PRODUCER

Acordia of Kentucky-Lex
 Lexington Green Two, Suite 410
 220 Lexington Green Circle
 Lexington, KY 40503-3311
 606-273-6600

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COMPANIES AFFORDING COVERAGE

COMPANY

A Natl Union Fire Ins Co of PA

COMPANY

B Federal Insurance Company

COMPANY

C

COMPANY

D

INSURED

White Oak Mining & Const. Co.
 HC 35, Box 370
 Helper, UT 84526

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
B	GENERAL LIABILITY	3710-45-17	9/15/98	9/16/99	GENERAL AGGREGATE \$ 200000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 200000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 200000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 200000
	<input checked="" type="checkbox"/> Blasting				FIRE DAMAGE (Any one fire) \$ 100000
					MED EXP (Any one person) \$ 10000
	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				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC565-43-99	6/01/98	6/01/99	STATUTORY LIMITS
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE				EACH ACCIDENT \$ 1000000
	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$ 1000000
					DISEASE - EACH EMPLOYEE \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER **CANCELLATION**

Utah Division of Oil, Gas and Mining
 1594 W. North Temple
 Suite 1210
 Salt Lake City, UT. 841145801

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: *Richard W. Hatfield* 969363000