

# ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

1/04/99

### PRODUCER

Acordia of Kentucky-Lex  
Lexington Green Two, Suite 410  
220 Lexington Green Circle  
Lexington, KY 40503-3311 -  
606-273-8600

ACT/007/020  
#4  
0002

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** Natl Union Fire Ins Co of PA

#### COMPANY

**B** Federal Insurance Company

#### COMPANY

**C**

#### COMPANY

**D**

### INSURED

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

### 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, NOT WITHSTANDING 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	<b>GENERAL LIABILITY</b>	3710-46-32	4/01/98	4/01/99	GENERAL AGGREGATE \$ 200000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 100000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 100000
	<input checked="" type="checkbox"/> Blasting				FIRE DAMAGE (Any one fire) \$ 100000
					MED EXP (Any one person) \$ 10000
	<b>AUTOMOBILE LIABILITY</b>				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 \$
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
	<b>EXCESS LIABILITY</b>				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	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 \$ 100000
					DISEASE - POLICY LIMIT \$ 100000
					DISEASE - EACH EMPLOYEE \$ 100000
	<b>OTHER</b>				

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Permit #007/020, Horizon Mine #1, Certificate holder is listed as additional insured and lesser as their interest may appear. This policy includes coverage for Property Damage & Personal Injury resulting from use of explosives.

### CERTIFICATE HOLDER

Utah Dept of Natural Resources  
Div. of Oil, Gas & Mining  
1594 W. North Temple, Ste 1210  
P.O. 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 45 days written notice, except 10 days for non-payment of premium, to the certificate holder named to the left.

AUTHORIZED REPRESENTATIVE

*Richard W. Hatfield*  
891347000