

0052

3266 South 125 West
Price, UT 84501
Phone: 435-636-0820
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Mid-State Services

Manning
9/29/05

Fax

To: PAM GRUBAUGH LITTLE From: KIT PAPPAS
 Fax: _____ Date: 9/29/05
 Phone: _____ Pages: (Including coversheet) 2
 Re: LIABILITY INS. CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

Comments: PAM, HERE IS THE NEW
INSURANCE CERTIFICATE.

THANKS, KIT

RECEIVED
 SEP 29 2005

DIV. OF OIL, GAS & MINING

ACORD		DATE (MM/DD/YY) 9/29/05
PRODUCER Accordia of WV-Beeking 41 Eagles Road Beeking WV 25801 (304) 292-0375		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		
INSURED		COMPANY
Hidden Splander Resources, Inc./ Mid State Services, Inc. Horizon Mine 27 W 200 South, Suite 400 Salt Lake City, UT 84104		A Lexington Insurance Company
		COMPANY
		B National Union Fire Ins Co
		COMPANY
		C
		COMPANY
		D

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.

CD 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"/> OWNERS & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Includes Blasting		9/30/05	9/30/08	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) \$ MED EXP (Any one person) \$
	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 AUTOS				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 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL		9/30/05	9/30/08	WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATION, LOCATIONS, VEHICLES/SPECIAL ITEMS Utah Division of Oil, Gas and Mining As Additional Insured
 General Liability Coverage With Respects to Horizon Mine Permit #ACT/007/020

Utah Division of Oil, Gas and Mining 1554 W North Temple Suite 1210 Salt Lake City, UT 84114-5401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL SEND BY MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE Adam Ashrip
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CERTIFICATE: 001/001/ 0000

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 SEP 29 2005
 DIV. OF OIL, GAS & MINING