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Finance
515 South Flower Street
Los Angeles, California 90071
Telephone 213 486 3511

ACT 1007/022
Folder #4

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APR 05 1991

DIVISION OF
OIL GAS & MINING

April 3, 1991

State of Utah
Division of Oil, Gas & Mining
Utah Department of Natural Resources
4241 State Office Building
Salt Lake City, Utah 84114

Attn: Ms. Pam Littig

Re: Beaver Creek Coal Company Leases
Certificate of Insurance

Dear Ms. Littig:

As discussed, enclosed is a revised certificate of insurance relating to Beaver Creek Coal Company leases.

The certificate is now evidencing \$7,500,000 in liability insurance. This should qualify under the lease requirements.

If there are any questions regarding the certificate, please call me.

Sincerely,

Julia E. Fisher
Insurance Consultant

cc: K. Penoyer - DAT 2165 - w/ attachment

This Certificate of Insurance neither affirmatively nor negatively extends or alters the coverage, limits, terms or conditions of the policies it certifies.

This certificate is issued in lieu of certificate dated 11-28-89.



This is to Certify to

State of Utah
 Division of Oil, Gas and Mining
 Utah Department of Natural Resources
 4241 State Office Building
 Salt Lake City, Utah 84114

COMPANY CODES

- 2 CIGNA INSURANCE COMPANY
- 3 CIGNA INS. CO. OF TEXAS
- 5 PACIFIC EMPLOYERS INS. CO.
- 9 INSURANCE COMPANY OF NORTH AMERICA
- A CIGNA INS. CO. OF ILLINOIS
- B CIGNA INS. CO. OF OHIO
- (OTHER: — SPECIFY)

At the following described policy or policies, issued by The Company as coded below, providing insurance only for hazards checked by "X" below, have been issued to:

NAME AND ADDRESS OF INSURED

Atlantic Richfield Company, its Subsidiaries and subsidiaries thereof as now or hereinafter constituted, Atlantic Richfield Plaza, 515 South Flower Street, Los Angeles, CA 90071

Operating in accordance with the terms thereof, at the following location(s):

Including Beaver Creek Coal Company

TYPE OF POLICY	HAZARDS	CO. CODE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY
a) Standard Workmen's Compensation & Employers' Liability	<input type="checkbox"/>	<input type="checkbox"/>			Statutory W. C. One Accident and Aggregate Disease
b) General Liability Premises—Operations (including "Incidental Contracts" as defined below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9	ISL G1 077856-6	01-01-90 to 01-01-93	\$ *See Below Each Person Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence \$ \$ \$ Aggregate—Completed Operations/Products
Independent Contractors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
Completed Operations/Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
Contractual, (Specific type as described in footnote below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
Premises—Operations (Including "Incidental Contracts" as defined below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9	ISL G1 077856-6	01-01-90 to 01-01-93	\$ *See Below Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence \$ \$ Aggregate—Prem./Oper. \$ Aggregate—Protective \$ Aggregate—Completed Operations/Products \$ Aggregate—Contractual
Independent Contractors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
Completed Operations/Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
Contractual, (Specific type as described in footnote below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
c) Automobile Liability Owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9	ISA 001903	01-01-90 to 01-01-93	\$ *See Below Each Person Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence \$
Hired Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
Non-owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
Owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9	ISA 001903	01-01-90 to 01-01-93	\$ *See Below Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence \$ **Difference between under-lying limits and \$7,500,000
Hired Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
Non-owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9			
d) **Excess Liability <u>SEE REVERSE</u>		9	XOOG1007857-8	01-01-90/93	\$2,000,000 Combined Single Limit per occurrence subject to aggregate of \$2,000,000, where applicable.

Contractual Footnote: Subject to all the policy terms applicable, specific contractual coverage is provided as respects

Check applicable Block a contract purchase order agreements all contracts between the Insured and:

It is the intention of the company that in the event of cancellation of the policy or policies by the company, ten (10) days' written notice of such cancellation will be given to you at the address stated above.

NAME OF OTHER PARTY _____ DATE (if applicable) _____ CONTRACT NO. (if any) _____

DESCRIPTION (OR JOB) _____

Definitions: "Incidental contract" means any written (1) lease of premises (2) easement agreement, except in connection with construction of, or maintenance or operations on or adjacent to a railroad, (3) undertaking to indemnify a municipality required by a municipality, (4) sidetrack agreement, or (5) elevator maintenance agreement.

Joe Braunstein, Jr.
 Joe Braunstein, Jr.
 Authorized Representative

