



State of Utah

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Norman H. Bangerter
Governor

Dee C. Hansen
Executive Director

Dianne R. Nielson, Ph.D.
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340

January 8, 1993

Ms. Kathleen G. Welt
Mountain Coal Company
P.O. Box 591
Somerset, Colorado 81434

Dear Mr. Welt:

Re: Certificates of Insurance, Mountain Coal Company, Gordon Creek #3 and #6, ACT/007/017, Huntington #4 Mine, ACT/015/004, C.V. Spur Coal Processing and Loadout Facility, ACT/007/022, Folder #4, Carbon and Emery Counties, Utah

The Division received a Certificate of Insurance for the Gordon Creek #2, #7, and #8 Mine, as well as another Certificate of Insurance (see attached). Please submit the Certificates of Insurance for the Gordon Creek #3 and #6 Mine, Huntington #4 Mine and the C.V. Spur Coal Processing and Loadout Facility that have the specific description for the mine and the revised cancellation language (see the Gordon Creek #2, #7 and #8 Mine Certificate of Insurance) by January 29, 1993.

If you have any questions, please call me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pamela Grubaugh-Littig'.

Pamela Grubaugh-Littig
Permit Supervisor

Enclosure



CERTIFICATE OF INSURANCE
 (This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage, limits, terms or conditions of the policies it certifies.)

This is to Certify to

State of Utah
 Dept. of Natural Resources
 Division of Oil, Gas and Mining
 355 West North Temple
 3 Triad Center, Suite 350
 Salt Lake City, Utah 84180-1203

COMPANY CODES

- CIGNA INSURANCE COMPANY
- CIGNA INS. CO. OF TEXAS
- PACIFIC EMPLOYERS INS. CO.
- INSURANCE COMPANY OF NORTH AMERICA
- CIGNA INS. CO. OF ILLINOIS
- CIGNA INS. CO. OF OHIO
- (OTHER. — SPECIFY)

FOLD

that 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 So. Flower Street, Los Angeles, CA 90071

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

Including Mountain Coal Company and ARCO 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) Independent Contractors Completed Operations/Products Contractual, (Specific type as described in footnote below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9	ISL G1 519134-A	01/01/93 to 01/01/96	\$*See Below \$ \$ \$ \$	Each Person
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9				Each } <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9				
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9				Aggregate—Completed Operations/Products
Property Damage Premises—Operations (Including "Incidental Contracts" as defined below) Independent Contractors Completed Operations/Products Contractual, (Specific type as described in footnote below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9	ISL G1 519134-A	01/01/93 to 01/01/96	\$*See Below \$ \$ \$ \$	Each } <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9				Aggregate—Prem./Oper.
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9				Aggregate—Protective
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 9				Aggregate—Completed Operations/Products
(c) Automobile Liability Owned Automobiles Hired Automobiles Non-owned Automobiles	<input type="checkbox"/>	<input type="checkbox"/>			\$ \$ \$	Each Person
	<input type="checkbox"/>	<input type="checkbox"/>				Each } <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				Each } <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
(d) ** INCLUDES "XCU" COVERAGE					* \$500,000 Combined Single Limit, per occurrence/aggregate where applicable.	

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

- (Check) a contract
 (Applicable) purchase order agreements
 (Block) all contracts } between the Insured and:

In the event of cancellation of the policy or policies by the company, forty five (45) days' written notice of such cancellation will be given to you at the address stated above.

DATE (if applicable) _____ CONTRACT NO. (if any) _____

NAME OF OTHER PARTY

DESCRIPTION (OR JOB)

Gordon Creek #2, #7 & #8 ACT/007/016

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

[Signature]
 Authorized Representative



December 11, 1992

RE; ATLANTIC RICHFIELD COMPANY, ET AL
RENEWAL CERTIFICATE/S OF INSURANCE
EFFECTIVE JANUARY 1, 1993

Dear Certificate Holder:

Enclosed is a current certificate of insurance issued in behalf of ATLANTIC RICHFIELD COMPANY, ET AL.

If this certificate is no longer required to be on file with your office, please return it to me for cancellation.

Please call me at 310-551-4667 if you have any questions.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Evelyn J. Lucero'.

Evelyn J. Lucero
Account Administrator

ejl
Enclosure

CERTIFICATE OF INSURANCE

12/08/92 - DPC CIGNA Property and Casualty Companies

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

file ACT/007/0



This is to Certify to

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

COMPANY CODES

- CIGNA INSURANCE COMPANY
- CIGNA INS. CO. OF TEXAS
- PACIFIC EMPLOYERS INS. CO.
- INSURANCE COMPANY OF NORTH AMERICA
- CIGNA INS. CO. OF ILLINOIS
- CIGNA INS. CO. OF OHIO
- (OTHER: — SPECIFY)

FOLD

that 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 So. Flower Street, Los Angeles, CA 90071
 covering 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"/>	ISL G1 519134-A	01/01/93 to 01/01/96	\$ *See Below Each Person Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
Independent Contractors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Completed Operations/Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Contractual, (Specific type as described in footnote below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Property Damage Premises—Operations (including "Incidental Contracts" as defined below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ISL G1 519134-A	01/01/93 to 01/01/96	\$ *See Below Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
Independent Contractors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Completed Operations/Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Contractual, (Specific type as described in footnote below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
(c) Automobile Liability Owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ISA 00 2353	01/01/93 to 01/01/96	\$ *See Below Each Person Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
Hired Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Property Damage Owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ISA 00 2353	01/01/93 to 01/01/96	\$ *See Below Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
Hired Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Non-owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
(d) ** Excess Liability See Attachment 5-04		9	XOO G 1519135-1	01/01/93 to 01/01/96	**Difference between underlying and \$7,500,000. *\$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) a contract
 (Applicable) purchase order agreements
 (Block) 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 or demolition operations on or adjacent to a railroad, (3) undertaking to indemnify a municipality required by municipal ordinance, except in connection with work for the municipality, (4) sidetrack agreement, or (5) elevator maintenance agreement.

[Signature]
 Authorized Representative

ATTACHMENT TO CERTIFICATE OF INSURANCE

Coverage includes use or explosives and damage to water wells. It is hereby understood and agreed that the insurers notify the State of Utah, Division of Oil, Gas and Mining, whenever substantive changes are made in the policy, including any termination or failure to renew in accordance with UMC 800.60.

Johnson & Higgins of California
2029 Century Park East
Los Angeles, California 90067
310 552 8700

Telex: 677514
Answerback "KERODEN" LSA
Fax: 310 551 3931
310 552 9665

**JOHNSON
& HIGGINS** Established 1845

December 11, 1992

RE; ATLANTIC RICHFIELD COMPANY, ET AL
RENEWAL CERTIFICATE/S OF INSURANCE
EFFECTIVE JANUARY 1, 1993

Dear Certificate Holder:

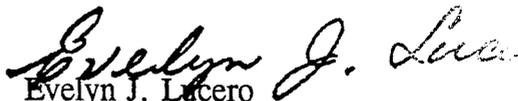
Enclosed is a current certificate of insurance issued in behalf of ATLANTIC RICHFIELD COMPANY, ET AL.

If this certificate is no longer required to be on file with your office, please return it to me for cancellation.

Please call me at 310-551-4667 if you have any questions.

Thank you.

Sincerely,


Evelyn J. Lucero
Account Administrator

ejl
Enclosure