

0010

Document Information Form

Mine Number: C/007/022

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: N/A

Explanation:

CERTIFICATE OF LIABILITY INSURANCE

cc:

File in: C/007/022, 1997, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

PRODUCER
JOHNSON & HIGGINS
60 EAST SOUTH TEMPLE, #1600
SALT LAKE CITY, UTAH 84111

PATI BOUMAN (801) 539-7429

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 CONTINENTAL CASUALTY CO
COMPANY	B
COMPANY	C
COMPANY	D

INSURED
THE SAVAGE COMPANIES
ATT DEAN REES
5250 SOUTH 300 WEST #200
SALT LAKE CITY, UT 84107

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	
A	GENERAL LIABILITY	GL002521823	4/01/97	4/01/98	GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 1,000,000
					MED EXP (Any one person)	\$ 5,000
	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					\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
					EL DISEASE-POLICY LIMIT	\$
	OTHER				EL DISEASE-EA EMPLOYEE	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS):
XCU COVERAGES ARE INCLUDED IN THE POLICY FORM
Savage Coal ACT/007/1022

File in:
 Confidential
 Shelf
 Expandable
Refer to Record No 0010 Date N/A
In CI 007/022, 1997. Incoming
For additional information

CERTIFICATE HOLDER

STATE OF UT. DIVISION OF OIL, GAS & MINING, UT DEPT. OF NATURAL RESOURCES 3 TRIAD CTR. 355 W. NORTH TEMPLE SALT LAKE CITY UT 84180-1203

CANCELLATION

SHOULD ANY OF THE / EXPIRATION DATE THE 45 * DAYS WRITTEN BUT FAILURE TO MAIL OF ANY KIND UPON AUTHORIZED REPRESENTATIVE

Ken Evans 1/3

PRODUCER
JOHNSON & HIGGINS
 60 EAST SOUTH TEMPLE, #1600
 SALT LAKE CITY, UTAH 84111

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	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS).

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 Savage Coal ACT/007/022

CERTIFICATE HOLDER

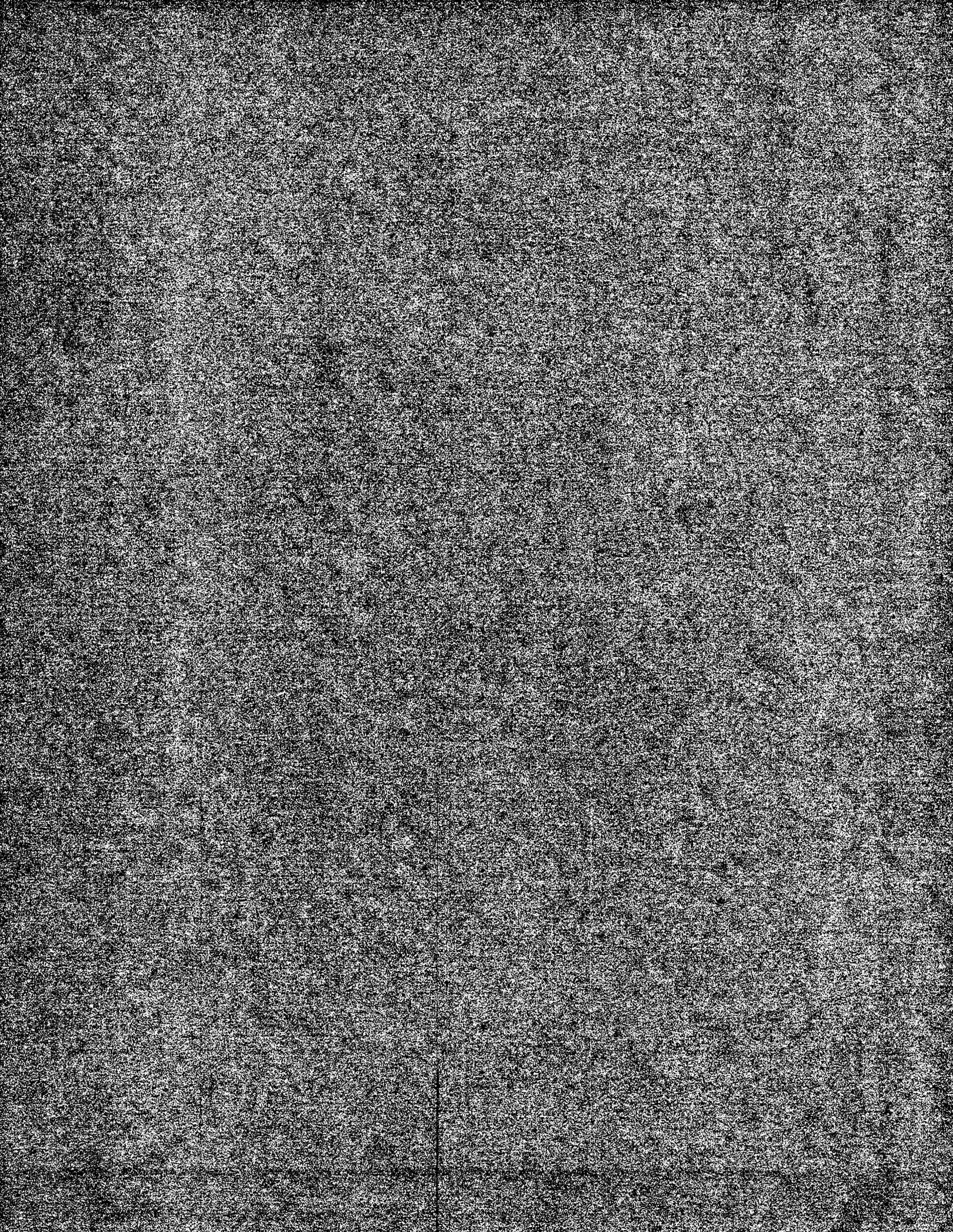
STATE OF UT. DIVISION OF OIL,
 GAS & MINING, UT DEPT. OF
 NATURAL RESOURCES 3 TRIAD CTR.
 355 W. NORTH TEMPLE
 SALT LAKE CITY UT 84180-1203

CANCELLATION

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, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ken Evans 15

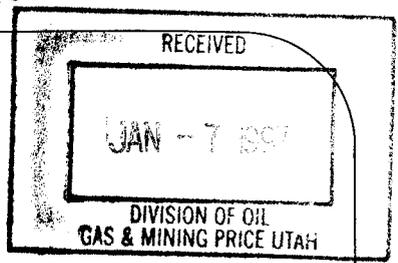




UTAH
NATURAL RESOURCES
Oil, Gas & Mining

3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

VACATION/TERMINATION OF NOTICE OF VIOLATION/CESSATION ORDER



To the following Permittee or Operator:

Name Savage Industries Inc. Savage Coal Terminal
Mailing Address P.O. Box 587 Wellington, UT. 84542
State Permit No. ACT/007/022

Utah Coal Mining & Reclamation Act, Section 40-10-1 et seq., Utah Code Annotated (1953):

Notice of Violation No. N -26-03-01 dated September 6th, 19 96.

Cessation Order No. C _____ dated _____, 19 _____.

Part _____ of _____ is vacated terminated because THE PERMITTEE IDENTIFIED THE ACTIVITY BY THE THIRD PARTY IN THE APPROPRIATE SECTION OF THE MRP AND ENSURED TIMELY RECLAMATION OF THE PHONE LINE CORRIDOR.

Part _____ of _____ is vacated terminated because _____

Part _____ of _____ is vacated terminated because _____

Date of service (mailing) 12/9/96 Time of service (mailing) 10:00 a.m. p.m.

DAN GUY
Permittee/Operator representative

MINING ENGINEER
Title

MAILED FROM D.O.G. M. OFFICE
Signature

JOE HUBBACH
Division of Oil, Gas & Mining

PERMIT SUPERVISOR
Title

[Signature]
Signature

