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OK

Chris Brimhall

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MARSH
An **MMC** Company

April 2, 2002

Ms. Pam Littig
State of Utah
Division of Oil, Gas & Mining
P.O. Box 145801
Salt Lake City, Utah 84114-5801

RE: The Savage Companies Certificate of Insurance

Dear Pam,

In regards to the issuance of Certificates of Insurance on The Savage Companies and your request to have the cancellation clause wording amended, it is no longer the standard practice in the insurance industry to make such amendments.

I did ask the underwriter at United States Fidelity & Guaranty for his response to your request, at which time he indicated that in following underwriting guidelines the crossed out wording is no longer allowed.

We have found that very few certificate holders require the cancellation amendment any longer and hope that you will accept our response at this time.

Sincerely,

Chris Brimhall
Client Representative

cc: Scott Conrad, USF&G

*Original Certificate
to Green
Copy letter to
Copy incoming
4/007/022
Copy Certificate
to Green
Binders
SIO:
PFO
Copy all to
PAM*

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
0010001-00544

| | |
|---|---|
| PRODUCER Marsh USA Risk & Ins Svcs Inc. 60 East South Temple Suite 1600 Salt Lake City, UT 84111 Chris Brimhall 801-539-7413 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN. COMPANIES AFFORDING COVERAGE COMPANY A UNITED STATES FID & GUARANTY COMPANY B FIDELITY & GUARANTY INS. CO. COMPANY C COMPANY D |
| INSURED THE SAVAGE COMPANIES ATTN: DEAN REES 5250 SO. COMMERCE DR., #200 SALT LAKE CITY, UT 84107 | |

COVERAGES
 THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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 | DRE2257500 | 4/01/00 | 4/01/03 | GENERAL AGGREGATE \$ 5,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS - COMP/OP AGG \$ 5,000,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PERSONAL & ADV INJURY \$ 5,000,000 |
| | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 5,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 5,000,000 |
| | | | | | MED EXP (Any one person) \$ |
| | | | | | |
| A | AUTOMOBILE LIABILITY | DRE2257200 | 4/01/00 | 4/01/03 | COMBINED SINGLE LIMIT \$ 5,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | PROPERTY DAMAGE \$ |
| | | | | | |
| | 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 | | | | |
| B | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | D003W00068 | 4/01/02 | 4/01/03 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | | | | | EL EACH ACCIDENT \$ 1,000,000 |
| | | | | | EL DISEASE - POLICY LIMIT \$ 1,000,000 |
| | | | | | EL DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS
 XCU COVERAGES ARE INCLUDED IN THE POLICY FORM. RE: SAVAGE COAL TERMINAL PROCESS AND LOADOUT FACILITY ACT/007/022.

| | |
|--|---|
| CERTIFICATE HOLDER STATE OF UT. DIVISION OF OIL, GAS & MINING ATTN: PAM LITTIG PO BOX 145801 SALT LAKE CITY, UT 84114-5801 | CANCELLATION SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL <u>30</u> * DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES. Marsh USA Risk & Ins Svcs Inc. BY: <i>Chris Brimhall</i> |
|--|---|

JHMM1 (2/88) VALID AS OF: 4/01/02

(* 10 DAYS FOR NON-PAYMENT)