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From: "Carr, Stacy" <SCarr@archcoal.com>
To: "Pamela Grubaugh-Littig (E-mail)" <pamgrubaughlittig@utah.gov>
Date: 8/1/2005 2:07:45 PM
Subject: FW: Certificates of Liability Insurance

Pam,

Attached are new Certificates of Liability for Canyon Fuel. We just changed the insured address since we no longer have the Midvale office.

Thanks,
Stacy

<<cert_3_439185_3.pdf>> <<cert_3_439186_3.pdf>> <<cert_3_439188_3.pdf>>
<<cert_3_439187_3.pdf>> <<cert_3_439189_3.pdf>>

> -----Original Message-----

> From: Carr, Stacy
> Sent: Friday, July 29, 2005 7:41 PM
> To: Pamela Grubaugh-Littig (E-mail)
> Subject: Certificates of Liability Insurance

>
> Pam,

> Attached are the new certificates of liability insurance for the 7/31/05 - 7/31/06 policy period. I am sending these to you today (via next day delivery), so you will receive these on Monday.

> Thanks very much.

> Stacy Carr
> Risk Management Department

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***** Email Disclaimer *****

The information contained in this e-mail, and in any accompanying documents, may constitute confidential and/or legally privileged information. The information is intended only for use by the designated recipient. If you are not the intended recipient (or responsible for delivery of the message to the intended recipient), you are hereby notified that any dissemination, distribution, copying, or other use of, or taking of any action in reliance on this e-mail is strictly prohibited. If you have received this e-mail communication in error, please notify the sender immediately and delete the message from your system.

MARSH		CERTIFICATE OF INSURANCE		CERTIFICATE NUMBER 6	
PRODUCER Marsh USA Inc. 800 Market Street, Suite 2600 St. Louis, MO 63101-2500 Attn: Renee L. Butler		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CANNOT BE USED AS EVIDENCE OF CONTRACT. NO RIGHTS UPON THE CERTIFICATE SHALL BE ASSERTED UNLESS THE POLICY IS ISSUED IN CONNECTION WITH A CONTRACT. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.			
001950-st ate-GLB-05-06		COMPANIES AFFORDING COVERAGE			
		COMPANY A ACE AMERICAN INSURANCE COMPANY			
INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501		COMPANY B			
		COMPANY C			
		COMPANY D			
COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below.					
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. AGGREGATE 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input checked="" type="checkbox"/> includes XCU	*****\$500,000 general aggregate ****per location****	07/31/05	07/31/06	GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Anyone fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
	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 \$ EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				WC STATE TORY LIMITS \$ OTHER \$ EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EACH EMPLOYEE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
	OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Permit Banning Loadout C007034					
CERTIFICATE HOLDER Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 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 ENDORSE THIS MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN.		
			MARSH USA INC. BY: Alfred A. Peterfeso <i>Alfred A. Peterfeso</i> MM1(3/02) VALID AS OF: 08/01/05		

MARSH		CERTIFICATE OF INSURANCE		CERTIFICATE NUMBER	
PRODUCER Marsh USA Inc. 800 Market Street, Suite 2600 St. Louis, MO 63101-2500 Attn: Renee L. Butler		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.			
001950-st ate-GL8-05-06		Y			
INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, LLC. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501		COMPANIES AFFORDING COVERAGE COMPANY A ACE AMERICAN INSURANCE COMPANY COMPANY B COMPANY C COMPANY D			
COVERAGES This certificate supersedes and replaces any previously issued certificates for the policy period noted below. 10 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. AGGREGATE 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input checked="" type="checkbox"/> includes XCLII	*****\$500,000 general aggregate *****per location****	07/31/05	07/31/06	GENERAL AGGREGATE \$ * 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	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				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	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 \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER:				EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EACH EMPLOYEE \$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Permit SUFCO Mine C041002					
CERTIFICATE HOLDER Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 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 ENDORSE XXXX MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN.		
			MARSH USA INC. BY: Alfred A. Peterfeso <i>Alfred A. Peterfeso</i>		
			MM1(3/02) VALID AS OF: 08/01/05		