

0020 MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER

PRODUCER
 MARSH USA INC.
 P.O. BOX 36012
 KNOXVILLE, TN 37930-6012
 Attn: Jan Melton-Cate (865) 769-7761

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 STEADFAST INS CO
- COMPANY
B N/A
- COMPANY
C N/A
- COMPANY
D N/A

437767-05-06--
INSURED
 Foundation Coal Corporation
 999 Corporate Boulevard, Suite 300
 Linthicum Heights, MD 21090-2227

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below. 3
 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		07/30/05	07/30/06	GENERAL AGGREGATE	\$ 6,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 6,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,500,000
	<input checked="" type="checkbox"/> Includes Blasting				FIRE DAMAGE (Any one fire)	\$ 1,500,000
	<input checked="" type="checkbox"/> Includes Contractual Liability				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					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER	
<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL			EL EACH ACCIDENT	\$	
				EL DISEASE-POLICY LIMIT	\$	
				EL DISEASE-EACH EMPLOYEE	\$	
OTHER						

RECEIVED
 AUG 01 2005

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 RE: Willow Creek Mine Permit #C/007/038
 General Liability includes a Blanket Additional Insured where required by written contract, but subject to the policy terms, conditions, and exclusions.
 General Liability includes XCU coverage.

DIV. OF OIL, GAS & MINING

CERTIFICATE HOLDER
 State of Utah
 Division of Oil, Gas & Mining
 1594 West North Temple, Suite 1210
 P.O. 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 45 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, OR THE ISSUER OF THIS CERTIFICATE.
 MARSH USA INC.
 BY: Mark C. Benson
 MM1(3/02)
 VALID AS OF: 07/29/05

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