



# CERTIFICATE OF LIABILITY INSURANCE

C/007/039 Incoming  
BOWIRES-01  
cc: Karl

BHICKS

DATE (MM/DD/YYYY)  
2/8/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |   |                        |
|--|---|------------------------|
| <b>PRODUCER</b><br>Central Insurance Services<br>4630 Taylorsville Road<br>Louisville, KY 40220  | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (502) 493-2375      FAX (A/C, No): (502) 493-2320<br>E-MAIL ADDRESS: insurance@centralbank.com  |                        |
|  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : National Union Fire Insurance<br>INSURER B : Lexington Insurance Company<br>INSURER C : Apollo Insurance<br>INSURER D :<br>INSURER E :<br>INSURER F : | <b>NAIC #</b><br>19445 |
| <b>INSURED</b><br>Canyon Fuel Company, LLC & Bowie Resource Holdings, LLC<br>Jim Wolff<br>6100 Dutchman's Lane Ste 900<br>Louisville, KY 40205 |   |                        |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |               |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|---------------|
| A        | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EMP/BEN ded \$1000<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | [REDACTED]    | 02/01/2017              | 02/01/2018              | EACH OCCURRENCE                           | \$ 2,000,000  |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000  |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)                  | \$ 10,000     |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 2,000,000  |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 3,000,000  |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000  |
|          |  |           |          |               |                         |                         |   | \$            |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$            |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$            |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$            |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$            |
|          |  |           |          |               |                         |                         |   | \$            |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |           |          | [REDACTED]    | 02/01/2017              | 02/01/2018              | EACH OCCURRENCE                           | \$ 10,000,000 |
|          |  |           |          |               |                         |                         | AGGREGATE                                 | \$ 10,000,000 |
|          |  |           |          |               |                         |                         |   | \$            |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | [REDACTED]    |                         |                         | PER STATUTE                               | OTH-ER        |
|          |  |           |          |               |                         |                         | E L EACH ACCIDENT                         | \$            |
|          |  |           |          |               |                         |                         | E L DISEASE - EA EMPLOYEE                 | \$            |
|          |  |           |          |               |                         |                         | E L DISEASE - POLICY LIMIT                | \$            |
| B        | Commercial Umbrella  |           |          | [REDACTED]    | 02/01/2017              | 02/01/2018              | Excess Umbrella                           | 15,000,000    |
| C        | Commercial Umbrella  |           |          | [REDACTED]    | 02/01/2017              | 02/01/2018              | Excess Excess Umb                         | 20,000,000    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Permit Dougot Canyon Mine C007039.

Blasting and use of explosives is not excluded under the policy

**CERTIFICATE HOLDER****CANCELLATION**

Utah Dept of Natural Resources  
 Division of Oil Gas and Mining  
 1694 W. North Temple Ste 1210  
 Salt Lake City, UT 84114-5801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE