



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/28/2020

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> Reschini Agency, Inc. 922 Philadelphia Street P.O. Box 449 Indiana PA 15701		<b>CONTACT NAME:</b> Traci Dindinger <b>PHONE (A/C, No, Ext):</b> (724) 349-1300 <b>FAX (A/C, No):</b> (724) 349-1446 <b>E-MAIL ADDRESS:</b> tdindinger@reschini.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lloyd's Underwriters at, London **	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> West Ridge Resources, Inc. Murray Energy Corporation 46226 National Road St. Clairsville OH 43950			

**COVERAGES**

CERTIFICATE NUMBER: 20 West Ridge

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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>				06/01/2020	06/01/2021	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							PERSONAL & ADV INJURY \$ 1,000,000	
	<b>UMBRELLA LIAB</b>						GENERAL AGGREGATE \$ 2,000,000		
	<b>EXCESS LIAB</b>						PRODUCTS - COMP/OP AGG \$ 2,000,000		
	DED						\$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						BODILY INJURY (Per person) \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per accident) \$		
							PROPERTY DAMAGE (Per accident) \$		
							\$		
							EACH OCCURRENCE \$		
							AGGREGATE \$		
							\$		
							PER STATUTE OTH-ER		
							E.L. EACH ACCIDENT \$		
							E.L. DISEASE - EA EMPLOYEE \$		
							E.L. DISEASE - POLICY LIMIT \$		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

West Ridge Mine Act 007/041. Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail (certified) 45 days written notice to the certificate holder. General Liability coverage is inclusive of XCU coverage.

\*\*Insurer: Lloyd's Underwriters at, London all Syndicates 1964-10-01 England

**CERTIFICATE HOLDER****CANCELLATION**

State of Utah Dept of Natural Resources Div of Oil, Gas, & Mining/STE 1210 Attn: Daron Haddock 1594 W. N. Temple, Box 145801  Salt Lake City UT 84114-5801	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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