

Dec 15 10:20 #4 Copy to PAM and JOEL H.

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/12/90

PRODUCER

CORROON & BLACK, INC.
Construction Industry Division
P.O. Box C-34201
Seattle, WA 98124
(206) 386-7400

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Federal Insurance Company
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

CODE

SUB-CODE

INSURED

Western States Minerals Corporation
4975 Van Gordon St
Wheat Ridge CO 80033

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	35296308	11/15/89	12/31/90	GENERAL AGGREGATE	\$ 2,000
	PRODUCTS-COMP/OPS AGGREGATE				\$ 1,000	
	PERSONAL & ADVERTISING INJURY				\$ 1,000	
	EACH OCCURRENCE				\$ 1,000	
	FIRE DAMAGE (Any one fire)				\$ 100	
	MEDICAL EXPENSE (Any one person)				\$ 10	
	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 <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
					EACH OCCURRENCE	\$
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	\$ (EACH ACCIDENT)
						\$ (DISEASE—POLICY LIMIT)
						\$ (DISEASE—EACH EMPLOYEE)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Re: Reclamation of the JB King Mine

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

Utah Department of Natural Resources
Division of Oil, Gas & Mining
3 Triad Center, Suite 350
Salt Lake City UT

Attn: Pamela Grubaugh-Littig

AUTHORIZED REPRESENTATIVE

Gerald L. Chertude
Gerald L. Chertude



CORROON & BLACK, INC.
RECEIVED
NOV 14 1990

DIVISION OF
OIL, GAS & MINING

To: Utah Department of Natural Resources
Division of Oil, Gas & Mining
3 Triad Center, Suite 350
Salt Lake City UT
Attn: Pamela Grubaugh-Littig

11/09/90

Re: Western States Minerals Corporation

We are pleased to enclose documents indicated below:

- X Certificate of Insurance
- Memorandum of Insurance
- Original Policy (As Captioned)
- Copy of Policy (As Captioned)
- Loss Payable and/or Mortgage Clause
- Contract of Sale Clause
- Cover Note and/or Binder
- Other

The enclosed is issued in connection with:

Evidence of Insurance

We trust you will find the enclosure(s) to be entirely satisfactory.

Very truly yours,

By *Diana Anderson*

Diana Anderson
Construction Industry Division

kab

cc: Western States Minerals Corporation
Federal Insurance Company