

Original in hand file

File ACT 10/15/00 #4 Copy Part 1

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
07/10/91

PRODUCER
CORROON & BLACK, INC.
701 Fifth Avenue, Suite 4200
P.O. Box C-34201
Seattle, WA 98124
(206) 386-7400

0020

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

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

Cancels & Replaces Cert dated 01/22/91

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

COVERAGES

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)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. Products/Vendor <input type="checkbox"/> XCU (Explosives)	3710-11-61	12/31/90	12/31/91	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED. EXPENSE (Any one person) \$ 10,000
A	<input checked="" type="checkbox"/> 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	BAP (91) 73132696	12/31/90	12/31/91	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	<input type="checkbox"/> OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Re: JB King Mine. It is hereby understood and agreed that the State of Utah, Department of Natural Resources is added as Additional Insured, and this insurance is primary with respect to operations performed by the Named Insured on their behalf.

CERTIFICATE HOLDER

State of Utah
Department of Natural Resources
Division of Oil, Gas & Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City UT 84180-1203
Attn: Pamela Grubaugh-Littig

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~endeavor to~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~and failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.~~

AUTHORIZED REPRESENTATIVE

CLIFFORD B. *[Signature]*



CORROON & BLACK, INC.

July 10, 1991

State of Utah
Department of Natural Resources
Division of Oil, Gas & Mining
3 Triad Center, Suite 350
355 West North Temple
Salt Lake City, UT 84180-1203

RECEIVED

JUL 16 1991

DIVISION OF
OIL GAS & MINING

Re: Western States Minerals Corporation

We are pleased to enclose documents indicated below:

- | | |
|----------------------|-------------------------------------|
| <u> X </u> | Certificate of Insurance (Amended) |
| <u> </u> | Memorandum of Insurance |
| <u> </u> | Loss Payable and/or Mortgage Clause |
| <u> </u> | Contract of Sale Clause |
| <u> </u> | Cover Note and/or Binder |
| <u> </u> | Other |

The enclosed is issued in connection with:

JB King Mine

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

Very truly yours,

Cindy Amundson
Account Assistant

smd
Enclosure

cc: Western States Minerals Corporation
Federal Insurance Company