

# ACORD. CERTIFICATE OF INSURANCE

3158

6/15/94

### PRODUCER

Marsh & McLennan, Incorporated  
One Norwest Center  
1700 Lincoln Street Suite 4900  
Denver, CO 80203-4549

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 NATIONAL UNION FIRE INS. CO.

COMPANY LETTER B CONTINENTAL INSURANCE CO.

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

# COPY

### INSURED

Western States Minerals Corp  
4975 Van Gordon  
Lakewood, CO 80033

### 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	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.	GL 590-82-43 RA	4/01/94	4/01/95	GENERAL AGGREGATE \$ 2000000
					PRODUCTS-COMP/OP AGG. \$ 1000000
					PERSONAL & ADV. INJURY \$ 1000000
					EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 100000
					MED. EXPENSE (Any one person) \$ 5000
B	AUTOMOBILE LIABILITY <input checked="" 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	CBP6164862	4/01/94	4/01/95	COMBINED SINGLE LIMIT \$ 1000000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
					STATUTORY LIMITS \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

(SEE REVERSE AND/OR ATTACHED)

### CERTIFICATE HOLDER

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

AUTHORIZED REPRESENTATIVE

*Cherice Morgan*

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

CERTIFICATE #3158

(CONTINUED)

INSURED : Western States Minerals Corp

HOLDER : State of Utah  
Dept. of Natural Resources  
355 W. North Temple  
3 Triad Center, Suite 350  
Salt Lake City, UT 84180-1203

RE: J.B. King Mine, ACT/015/002, Folder #4, Emery County, Utah.  
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.

**WESTERN  
STATES  
MINERALS  
CORPORATION**



## FAX TRANSMITTAL SHEET

DATE: 6/20/94

ATTENTION: Pamela Grubaugh-Littig / Susan White

COMPANY: DOGM

FAX #: (801) 359-3940

FROM: Buzz Gerick

# OF PAGES: 3 (Includes this cover sheet).

MESSAGE: Pam/Susan - PLS. find attached a copy of the insurance verification for J.B. King. Note - a hard copy of this was sent from Denver to you on June 16<sup>th</sup>. Therefore, you may receive that additionally, today or tomorrow. Sorry about the delay!

As ever,  
BUZZ

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*Transp of file 10/15/002*  
 3158  
 ISSUE DATE (MM/DD/YY) 6/15/94

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**INSURED**  
**Western States Minerals Corp**  
 4975 Van Gordon  
 Lakewood, CO 80033

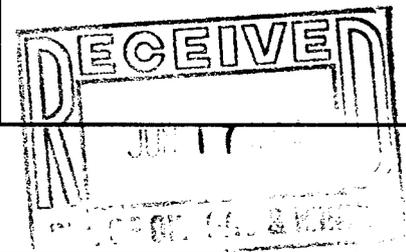
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	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/> GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
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