

# ACORD. CERTIFICATE OF INSURANCE

*Fireproof* CSR KT WSHOL-1 DATE (MM/DD/YY) 04/01/96

PRODUCER  
A and H Insurance, Inc.  
P.O. Box 7340  
Reno NV 89510

0012

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 by: **William Heilig**  
329-2600

INSURED  
W. S. Holding Corp.  
Western States Minerals Corp.  
Attn: Bruce Vermilyea  
4975 Van Gordon Street  
Wheatridge CO 80033

COMPANY A	Sphere Drake Insurance
COMPANY B	United National Insurance Co.
COMPANY C	Royal Insurance
COMPANY D	

*Permit to copy  
see: pp  
PBM  
2/84*

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	SDM 1069	04/01/96	04/01/97	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
C	AUTOMOBILE LIABILITY	PSP 086531	04/01/96	04/01/97	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
B	EXCESS LIABILITY	CU 33721	04/01/96	04/01/97	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				SIR \$ 10,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS \$
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EACH ACCIDENT \$
	<input type="checkbox"/> INCL				DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

J.B. King Mine, ACT/015/002, Folder #4, Emery County, Utah. It is hereby understood and agreed that the State of Utah, Dept. of Natural Resources is including as an Additional Insured, and this insurance is primary with respect to operations performed by the named insured on their behalf.

RECEIVED  
APR - 5 1996

CERTIFICATE HOLDER

State of Utah, Dept. of  
Natural Resources; Oil, Gas, Mng  
355 W. North Temple  
3 Triad Center, Suite 350  
Salt Lake City UT 84180-1203  
Attn: Pamela Grubaugh-Littig  
Division of Oil, Gas, Mining

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

William Heilig

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DATE (MM/DD/YY) 04/01/96  
 CSB KT WSHOL-1

**PRODUCER**  
 A and H Insurance, Inc.  
 P.O. Box 7340  
 Reno NV 89510  
 William Heilig  
 72-829-2600

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COMPANIES AFFORDING COVERAGE	
COMPANY A	Sphere Drake Insurance <i>Permit Binder</i>
COMPANY B	United National Insurance Co. <i>SIO: PFO</i>
COMPANY C	Royal Insurance
COMPANY D	

W. S. Holding Corp.  
 Western States Minerals Corp.  
 Attn: Bruce Vermilyea  
 4975 Van Gordon Street  
 Wheatridge CO 80033

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					PRODUCTS - COMP/DP AGG \$ 2,000,000
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PSP 086531	04/01/96	04/01/97	COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
B	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CU 33721	04/01/96	04/01/97	EACH OCCURRENCE \$ 4,000,000
					AGGREGATE \$ 4,000,000
					SIR \$ 10,000
					STATUTORY LIMITS \$
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE \$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 J.B. King Mine, ACT/015/002, Folder #4, Emery County, Utah. It is hereby understood and agreed that the State of Utah, Dept. of Natural Resources is including as an Additional Insured, and this insurance is primary with respect to operations performed by the named insured on their behalf.

CERTIFICATE HOLDER	CANCELLATION
State of Utah, Dept. of Natural Resources; Oil, Gas, Mng 355 W. North Temple 3 Triad Center, Suite 350 Salt Lake City UT 84180-1203 Attn: Pamela Grubaugh-Littig Division of Oil, Gas, Mining 801-359-3940	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 William Heilig

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	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
B	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CU 33721	04/01/96	04/01/97	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 SIR \$ 10,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
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