

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR KT  
WSHOL-1

DATE (MM/DD/YY)  
03/31/97

PRODUCER  
**0012**

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

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

William Heilig  
Phone No. 702-829-2600 Fax No.

*Copy Susan*  
*ACT/015/002*  
*Permit BIRD*

INSURED  
W. S. Holding Corp.  
Western States Minerals Corp.  
Attn: Bruce Vermilyea  
4978 Van Gordon Street  
Wheatridge 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	CNAM1260	04/01/97	04/01/98	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	04/01/97	04/01/98	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 \$
B	EXCESS LIABILITY	CU 33721	04/01/97	04/01/98	AGGREGATE \$
	<input checked="" type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				SIR \$ 10,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			WC STATUTORY LIMITS
		<input type="checkbox"/> EXCL			OTHER
	OTHER				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA 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

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

ACORD 25-S (1/95) Division of Oil, Gas, Mining

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

~~SOLE NOTICE SHALL BE GIVEN TO THE ISSUING COMPANY BY THE CERTIFICATE HOLDER~~  
~~OF ANY KIND OR TYPE TO THE ISSUING COMPANY BY THE CERTIFICATE HOLDER~~

AUTHORIZED REPRESENTATIVE  
William Heilig

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SUCH NOTICE SHALL APPEAR IN THE STATE OF UTAH AND IN THE CITY OF SALT LAKE CITY.  
AUTHORIZED REPRESENTATIVE  
William Heilig