

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR KT
WSHOL-1

DATE (MM/DD/YY)
04/29/99

PRODUCER

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

0008

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 **Federal Insurance Company**

COMPANY B

COMPANY C

COMPANY D

William Heilig

Phone No. 775-829-2600 Fax No. 775-829-2607

INSURED

W. S. Holding Corp.
Western States Minerals Co.
Attn: Anna Basso-Johnson
4975 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	37107914ERG	04/01/99	04/01/00	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)	\$ 300,000
					MED EXP (Any one person)	\$ 10,000
A	AUTOMOBILE LIABILITY	BAP9978390098ERG	04/01/99	04/01/00	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	\$
A	EXCESS LIABILITY	78389661	04/01/99	04/01/00	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				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EA EMPLOYEE	\$
A	OTHER	37107914ERG	04/01/99	04/01/00	AR/RC	\$25,000.
	Lsd/Rntd Equip.				Deduct.	\$500.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

As respects: 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 included as an Additional Insured, and this insurance is primary with respect to operations performed by the named insured on their behalf.

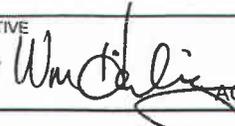
CERTIFICATE HOLDER

State of Utah Dept. of Natural Resources; Division of Oil, Gas & Mining
1594 W. No. Temple, #1210
Salt Lake City UT 84114-5801
Attn: Pam Grubaugh-Littig
801-359-3940

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.

AUTHORIZED REPRESENTATIVE

William Heilig 

ACORD CORPORATION 1988