

Put this one in the locked file name. RET/10/15/007 #4 Com: route to Mike Feb

ACORD. CERTIFICATE OF INSURANCE

Copy # 6358 ISSUE DATE (MM/DD/YY) 7/10/91

PRODUCER
Marsh & McLennan Incorporated
3303 Wilshire Boulevard
Los Angeles, CA 90010

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
CalMat Co.
Hidden Valley Coal Company
P. O. Box 2950
Terminal Annex
Los Angeles, CA 90091

RECEIVED

JUL 15 1991

DIVISION OF OIL GAS & MINING

| | |
|-------------------------|------------------------------------|
| COMPANY LETTER A | TRANSPORTATION INSURANCE CO |
| COMPANY LETTER B | INDUSTRIAL INDEMNITY CO |
| 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) | ALL LIMITS IN THOUSANDS | |
|---|---|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|---------|
| A | GENERAL LIABILITY | GL707415956 | 7/01/91 | 7/01/92 | GENERAL AGGREGATE | \$ 2000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS-COMP/OPS AGGREGATE | \$ 1000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. | | | | PERSONAL & ADVERTISING INJURY | \$ 1000 |
| | <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. | | | | EACH OCCURRENCE | \$ 1000 |
| | <input checked="" type="checkbox"/> General Agg. is | | | | FIRE DAMAGE (Any one fire) | \$ 1000 |
| | <input checked="" type="checkbox"/> per loc/project | | | | MEDICAL EXPENSE (Any one person) | \$ 10 |
| A | AUTOMOBILE LIABILITY | BUA 20 7415953 | 7/01/91 | 7/01/92 | COMBINED SINGLE LIMIT | \$ 1000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| <input type="checkbox"/> GARAGE LIABILITY | | | | | | |
| B | EXCESS LIABILITY | JU9109447 | 7/01/91 | 7/01/92 | EACH OCCURRENCE | \$ 4000 |
| | <input checked="" type="checkbox"/> UMBRELLA EXCESS OTHER THAN UMBRELLA FORM | | | | AGGREGATE | \$ 4000 |
| | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | Self Insured Authority No. 1891 | | | STATUTORY | |
| | | | | | \$ (EACH ACCIDENT) | |
| | | | | | \$ (DISEASE—POLICY LIMIT) | |
| | | | | | \$ (DISEASE—EACH EMPLOYEE) | |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
re: Inactive Coal Mine- Section 18 and the W Section 17, T235, B6E, S.L. B&M.

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

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, AUTHORIZED REPRESENTATIVE

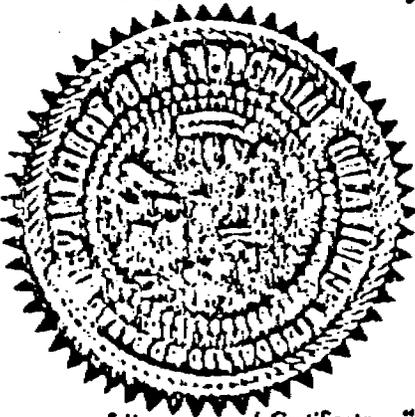
STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 1891

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That CAIMAT CO. (a Delaware corporation)*
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF January 19 79

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

R. T. Rinaldi
R. T. RINALDI, DIRECTOR

Richard S. Anderson
RICHARD S. ANDERSON, MANAGER

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

*Supersedes Certificate No. 1891 issued to CONROCK CO., effective January 1, 1979.

ACORD**CERTIFICATE OF INSURANCE**# 6358 ISSUE DATE (MM/DD/YY)
C02 6/28/91*Copy PAM file 6/10/15/007 #4*
PRODUCER
Marsh & McLennan Incorporated
3303 Wilshire Boulevard
Los Angeles, CA 90010

 CODE SUB-CODE

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 | TRANSPORTATION INSURANCE CO |
| COMPANY LETTER | B | INDUSTRIAL INDEMNITY CO |
| COMPANY LETTER | C | |
| COMPANY LETTER | D | |
| COMPANY LETTER | E | |

INSURED
CalMat Co.
Hidden Valley Coal Company
P. O. Box 2950
Terminal Annex
Los Angeles, CA 90051
COVERAGES

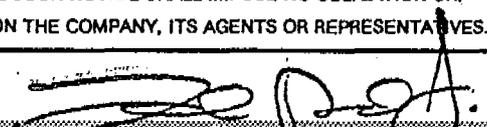
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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) | ALL LIMITS IN THOUSANDS | |
|---|---|---|----------------------------------|-----------------------------------|----------------------------------|---------|
| A | GENERAL LIABILITY | GL707415956 | 7/01/91 | 7/01/92 | GENERAL AGGREGATE | \$ 2000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS-COMP/OPS AGGREGATE | \$ 1000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. | | | | PERSONAL & ADVERTISING INJURY | \$ 1000 |
| | <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. | | | | EACH OCCURRENCE | \$ 1000 |
| | <input checked="" type="checkbox"/> General Agg. is | | | | FIRE DAMAGE (Any one fire) | \$ 1000 |
| | <input checked="" type="checkbox"/> per loc/project | | | | MEDICAL EXPENSE (Any one person) | \$ 10 |
| | <input type="checkbox"/> | | | | | |
| A | AUTOMOBILE LIABILITY | BUA 20 7415953 | 7/01/91 | 7/01/92 | COMBINED SINGLE LIMIT | \$ 1000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE | \$ |
| <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| <input type="checkbox"/> GARAGE LIABILITY | | | | | | |
| B | EXCESS LIABILITY | JU9109447 | 7/01/91 | 7/01/92 | EACH OCCURRENCE | \$ 4000 |
| | <input checked="" type="checkbox"/> UMBRELLA EXCESS | | | | AGGREGATE | \$ 4000 |
| <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | | |
| | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | Self-Insured Authority Certificate No. 1891 | | | STATUTORY | |
| | | | | | \$ (EACH ACCIDENT) | |
| | | | | | \$ (DISEASE—POLICY LIMIT) | |
| | | | | | \$ (DISEASE—EACH EMPLOYEE) | |
| OTHER | | | | | | |

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

Inactive coal mine - Section 18 and the W Section 17, T235, B6E, S.L. B&M.

CERTIFICATE HOLDER
 State of Utah
 Dept. of Natl Res.Div.Oil&Gas
 355 W. North Temple
 3 Triad Center, Suite 350
 Salt Lake City, UT 84180-1203
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
 

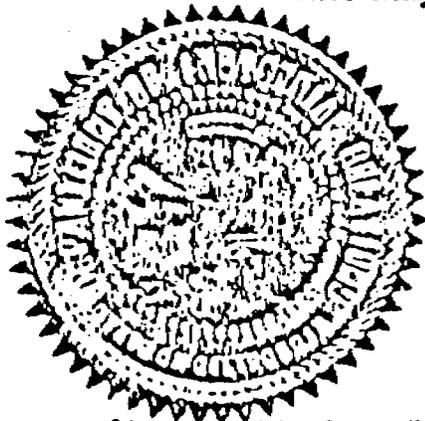
STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 1891

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That CAIMAT CO. (a Delaware corporation)*
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF January 19 79

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

R. T. Rinaldi
R. T. RINALDI, DIRECTOR

Richard S. Anderson
RICHARD S. ANDERSON, WALTON

*Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

*Supersedes Certificate No. 1891 issued to CONROCK CO., effective January 1, 1979.