Certificate of Liability Insurance
Issued To:
State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
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Orig to fireproof file
Copy to # 4 and PAM and Permit Binder
ACT/015/007

**THIS IS TO CERTIFY THAT:**

Lumbermens Mutual Casualty Company
(Name of Insurance Company)

Long Grove, IL 60049
(Home Office Address of Insurance Company)

**HAS ISSUED TO:**

Consolidation Coal Company
(Name of Permittee)

| Hidden Valley Mine | ACT - 015/007 |
|---|---|
| (Mine Name) | (Permit No.) |

**CERTIFICATE OF INSURANCE**

| 5YL 945 444 | 1/01/96 - 1/01/97 |
|---|---|
| (Policy Number) | (Effective Date) |

**UNDER THE FOLLOWING TERMS AND CONDITIONS:**

Per R645-301-890 Terms and Conditions for Liability Insurance:

A. The **DIVISION** shall require the **PERMITTEE** to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the state of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the Permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any persons injured or property damaged as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be $300,000 for each occurrence and $500,000 aggregate.

B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

**IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS**, and the Utah Code Annotated 40-10-1 seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas and Mining in writing of any substantive change, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered a breach of the **RECLAMATION AGREEMENT** and the Division may pursue remedies thereunder.

**UNDERWRITING AGENT:**

Mike Brundage
(Agent's Name)

908-522-4461
(Phone)

The Kemper Group
(Company Name)

25 DeForest Avenue
(Mailing Address)

Summit, NJ 07901
(City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he/she is an authorized representative of the above-named insurance company. (An **Affidavit of Qualification** must be completed and attached to this form for each authorized agent or officer.)

M Brundage / Underwriter Account Exec.
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn to before me by _____

this 20th day of December, 1995.

Kathleen L. Dowling
(Signature)

My Commission Expires: KATHLEEN L. DOWLING NOTARY PUBLIC OF NEW JERSEY My Commission Expires March 22, 2000
(Date)