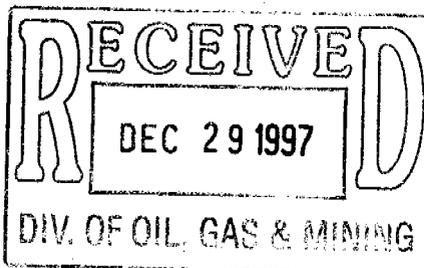


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Eileen A. Gorke
Account Representative

J&H Marsh & McLennan Marine & Energy
1166 Avenue of the Americas
39th Floor
New York, NY 10036-2774
(212) 345-3119 Fax: (212) 345-4853
Eileen.A.Gorke@marshmc.com

J&H MARSH &
MCLENNAN



December 19, 1997

State of Utah
Utah Coal Regulatory Program
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, UT 84114-5801

Re: *Consolidation Coal Company
Certificates of Insurance*

*Green Binder
Copy PAM
ACT/015/007 #4
ACT/015/015 #4*

To Whom It May Concern:

Enclosed please find the original certificate of insurance evidencing liability coverage placed on behalf of Consolidation Coal Company for the 1/1/98 to 1/1/99 policy period.

We trust you will find the enclosed to be in order. Should you have any questions or concerns in this regard, please do not hesitate to contact us at (212) 345-3119.

Sincerely,

Eileen A. Gorke
Account Representative

encl.

cc: T. Kirschbaum (CCC)

PRODUCER:

MARSH & MCLENNAN MARINE / ENERGY
 1166 AVENUE OF THE AMERICAS
 NEW YORK, NY 10036-2774
 TELEPHONE (212) 345-6000
 TELEFAX (212) 345-4853

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	LUMBERMENS MUTUAL CASUALTY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	

INSURED:

CONSOLIDATION COAL COMPANY
 CONSOL PLAZA
 1800 WASHINGTON ROAD
 PITTSBURGH, PA 15241

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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	5YL 945 444-00	1/1/98	1/1/99	GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIA.				PRODUCTS-COMP/OPAGG	\$ 1,000,000
	<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)	\$ 100,000
					MED. EXPENSE (ANY ONE PERSON)	\$ 10,000
					COMBINED SINGLE LIMIT	\$
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> SCHEDULED AUTOS				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/> HIRED AUTOS				OTHER THAN AUTO ONLY	
	<input type="checkbox"/> NON-OWNED AUTOS				EACH ACCIDENT	\$
	GARAGE LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE	\$
					AGGREGATE	\$
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM				STATUTORY LIMITS	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EL EACH ACCIDENT	\$
	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY				EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EA EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

All operations usual to the business of the Insured at the Emery Mine site & the Hidden Valley Mine Site.

CERTIFICATE HOLDER

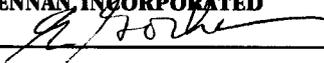
State of Utah
 Utah Coal Regulatory Program
 1594 West North Temple, Suite 1210
 Box 145801
 Salt Lake City, UT 84114-5801

CANCELLATION

SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL ³⁰ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH & MCLENNAN, INCORPORATED

BY:



MMI 1 (8/95)

VALID AS OF: 1/1/98