

0016



Consolidation Coal Company

Western Region
2 Inverness Drive East
Englewood, Colorado 80110
303-770-1600

File letter w/
orig. cert.
ACT/015/015
~~w/Copies to Mary Ann~~
BTM
Jim

Is this
adequate?

March 31, 1981

Mr. Jim Smith
Department of Natural Resources
Division of Oil, Gas and Mining
1588 West North Temple
Salt Lake City, Utah 84116

Dear Mr. Smith:

Please find enclosed six copies of Consol's insurance certificate (p. 2-5) for the Emery Mine permit application. This certificate was inadvertently omitted from the application. I have also enclosed the original for your files.

Sincerely yours,

A handwritten signature in cursive script that reads "James C. Thompson".

James C. Thompson
Permit Coordinator

JCT/km

SET THIS STOP AT ARROWS

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY Marsh & McLennan, Inc. 1221 Avenue of the Americas New York, NY 10020	COMPANIES AFFORDING COVERAGES COMPANY LETTER A Hartford Accident & Indemnity Company COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
NAME AND ADDRESS OF INSURED Consolidation Coal Company Consol Plaza 1800 Washington Road Pittsburgh, Pennsylvania 15241	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	10 CLR P12407E	1-1-81/82	BODILY INJURY	\$	\$
		10 CLR P12407E	1-1-81/82	PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1,000	\$
				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
					STATUTORY	
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY				\$	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
OPERATIONS: All operations usual to the business of the insured, including underground mining activities.

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
**Utah Board and Division of
 Oil, Gas and Mining
 1588 West North Temple
 Salt Lake City, Utah 84116**

DATE ISSUED: March 18, 1981

 AUTHORIZED REPRESENTATIVE
Frank Prentice Haggood