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ACORD. CERTIFICATE OF INSURANCE

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CSR WH
COOPM-1

DATE (MM/DD/YY) 01/17/96

PRODUCER

Zions Insurance Agency
310 South Main #308
Salt Lake City UT 84101

Marian P. Lyons
Phone No. 801-273-6000 Fax No.

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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	

INSURED

0003

CO-OP Mining
Leslie Miller (Prop. Mngmt)
P. O. Box 65809
Salt Lake City UT 84165

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	
	GENERAL LIABILITY				GENERAL AGGREGATE	$ 2000000
A	[X] COMMERCIAL GENERAL LIABILITY	TBA	01/01/96	01/01/97	PRODUCTS - COMP/OP AGG	$ 1000000
	[ ] CLAIMS MADE [X] OCCUR				PERSONAL & ADV INJURY	$ 1000000
	[ ] OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$ 1000000
					FIRE DAMAGE (Any one fire)	$ 50000
					MED EXP (Any one person)	$ 5000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	[ ] ANY AUTO					
	[ ] ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	[ ] SCHEDULED AUTOS					
	[ ] HIRED AUTOS				BODILY INJURY (Per accident)	$
	[ ] NON-OWNED AUTOS					
					PROPERTY DAMAGE	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	[ ] ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	[ ] UMBRELLA FORM				AGGREGATE	$
	[ ] OTHER THAN UMBRELLA FORM					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				[ ] STATUTORY LIMITS	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: [ ] INCL [ ] EXCL				EACH ACCIDENT	$
					DISEASE - POLICY LIMIT	$
					DISEASE - EACH EMPLOYEE	$
	OTHER					
A	Bear Canyon Mine 1	ACT015025				
A	Trail Canyon Mine	ACT015021				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

NOTE: Explosion Damage is covered

CERTIFICATE HOLDER

STATUC1

State of Utah Division of
Oil & Gas
Triad Center
355 West North Temple
Salt Lake City UT 84180

CANCELLATION

Should any of the above described policies be changed &/or cancelled before the expiration date thereof, the issuing company will mail (certified) 45 days written notice to the certificateholder named to the left.

AUTHORIZED REPRESENTATIVE

Wendy Nunsaker

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