ITEM 2-8

CERTIFICATE OF INSURANCE

ITEM II-8

AIG Energy

P. O. BOX 1507
WALL STREET STATION
NEW YORK, NEW YORK 10005
Division of AIG Speciality Agencies, Inc.

**BINDER**

CERTIFICATE OF INSURANCE
2-1-86

| | | | |
|---|---|---|---|
| INSURED NAME AND ADDRESS | GENWAL COAL COMPANY<br>P.O. BOX 1201<br>HUNTINGTON, UT 84528 | PRODUCER NAME AND ADDRESS | PRICE INSURANCE AGENCY<br>P.O. BOX 871<br>PRICE, UT 84501-0871<br><br>ATTN: ROY NIKAS |
| DESCRIPTION OF OPERATION PROPERTY VEHICLES | COAL MINE-UNDERGROUND | | ☐ American Home Assurance Company<br>☒ National Union Fire Insurance Company<br>☐ _____ |

**PROPERTY**

| Type and Location of Property | Coverage/Perils/Forms | Amt. of Insurance | Ded. | Coins. % |
|---|---|---|---|---|
| | | | | |

**LIABILITY**

| Type of Insurance | Coverage/Forms | | LIMITS OF LIABILITY Each Occurrence | Aggregate |
|---|---|---|---|---|
| ☐ SCHEDULED FORM ☒ COMPREHENSIVE FORM<br>☒ PREMISES/OPERATIONS<br>☐ PRODUCTS/COMPLETED OPERATIONS<br>☒ CONTRACTUAL<br>☐ OTHER (Specify Below)<br>☒ MED. PAY. $ 5000. ea. person<br>$ ea. occurrence<br>☒ PERSONAL INJURY ☐ A ☒ B ☒ C | CLAIMS MADE FORM $5000. PER CLAIMS DED. DEFENSE COST INCLUDED IN AGGREGATE | BODILY INJURY PROPERTY DAMAGE | $<br>$ | $<br>$ |
| | | BODILY INJURY & PROPERTY DAMAGE COMBINED | $ 1,000,000. | $ 1,000,000. |

**AUTOMOBILE**

| | Coverage/Forms | | LIMITS OF LIABILITY PERSONAL INJURY | |
|---|---|---|---|---|
| ☐ LIABILITY ☐ NON-OWNED ☐ HIRED<br>☐ COMPREHENSIVE - DEDUCTIBLE $<br>☐ COLLISION - DEDUCTIBLE $<br>☐ MEDICAL PAYMENTS $<br>☐ UNINSURED MOTORIST $<br>☐ NO FAULT (Specify)<br>☐ OTHER (Specify) | | BODILY INJURY<br>BODILY INJURY<br>Property Damage | $<br>$<br>$ | EACH PERSON<br>EACH ACCIDENT |
| | | BODILY INJURY & PROPERTY DAMAGE COMBINED | $ | |

☐ WORKERS COMPENSATION – Statutory Limits (Specify States below) ☐ EMPLOYERS' LIAB. – LIMIT $

SPECIAL CONDITIONS/OTHER COVERAGE 100,000. SUBLIMIT "X"; EXCLUDES ALL POLLUTION, WORKERS COMPENSATION, OR ANY STOP GAP COVERAGES, HAZARDOUS SUBSTANCE REMEDIAL ACTION

Insurance applies only to these perils and/or coverages indicated and is subject to the terms, conditions and limitations of this company' standard policies and forms. This binder is effective at the exact hour and date shown below and shall expire 60 days following sai effective date. This binder is cancelled when replaced by a policy. This binder may be cancelled in accordance with standard polic conditions by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective This binder may [illegible] the company by notice to the insured in accordance with the standard policy conditions. There shal no flat cance[illegible]IONS AND POLICY FORMS SUBJECT TO INSURANCE DEPARTMENT APPROVAL

[signature] 12/6/85
DATE ISSUED

Subject to the condition above the Company hereby binds the insurance applied for to become effective as of

☒ 12:01 A.M. DECEMBER 6, 1985
☐ _____ P.M. _____
MONTH DAY YEAR

28470 (8/84)

# acord CERTIFICATE OF INSURANCE

GET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY) 12-06-85 II-8

**PRODUCER**

Price Insurance Agency
P.O. Box 871
Price, Ut 84501

637-3351

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 | AIG ENERGY (NATIONAL UNION FIRE |
| COMPANY LETTER B | |
| COMPANY LETTER C | |
| COMPANY LETTER D | |
| COMPANY LETTER E | |

**INSURED**

GENWAL COAL CO., INC.
P.O. BOX 1201
HUNTINGTON, UT 84528

**COVERAGES**

THIS IS TO CERTIFY THAT 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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIABILITY LIMITS IN THOUSANDS | EACH OCCURRENCE | AGGREGATE |
|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>X COMPREHENSIVE FORM<br>X PREMISES/OPERATIONS<br>X UNDERGROUND EXPLOSION & COLLAPSE HAZARD<br>X PRODUCTS/COMPLETED OPERATIONS<br>X CONTRACTUAL<br>X INDEPENDENT CONTRACTORS<br>X BROAD FORM PROPERTY DAMAGE<br>X PERSONAL INJURY | EGACM 154 4585 | 12-6-85 | 12-6-86 | BODILY INJURY | $ | $ |
| | | | | | PROPERTY DAMAGE | $ | $ |
| | | | | | BI & PD COMBINED | $1,000, | $ 1,000 |
| | | | | | PERSONAL INJURY | | $ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS (PRIV. PASS.)<br>ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)<br>HIRED AUTOS<br>NON-OWNED AUTOS<br>GARAGE LIABILITY | | | | BODILY INJURY (PER PERSON) | $ | |
| | | | | | BODILY INJURY (PER ACCIDENT) | $ | |
| | | | | | PROPERTY DAMAGE | $ | |
| | | | | | BI & PD COMBINED | $ | |
| | EXCESS LIABILITY<br>UMBRELLA FORM<br>OTHER THAN UMBRELLA FORM | | | | BI & PD COMBINED | $ | $ |
| | WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY | | | | STATUTORY | | |
| | | | | | | $ | (EACH ACCIDENT) |
| | | | | | | $ | (DISEASE-POLICY LIMIT) |
| | | | | | | $ | (DISEASE-EACH EMPLOYEE) |
| | OTHER | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

STATE OF UTAH
DIVISION OF OIL, GAS &MININ
SLC, UTAH

**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

ROY A. NIKAS



© IIR/ACORD CORPORATION 19

acord

# INSURANCE BINDER

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

Binder No. POLICY# II-8
EGACM1544585

NAME AND ADDRESS OF AGENCY

PRICE INSURANCE AGENCY
P.O. BOX 871
PRICE, UTAH 84501

801-637-3351

COMPANY

AIG ENERGY (NATIONAL UNION FIRE)

Effective 10:30am 12-6 ,19 85
Expires ☐ 12:01 am ☒ Noon 02-06 ,19 86

☐ This binder is issued to extend coverage in the above named company per expiring policy # _____ (except as noted below)

NAME AND MAILING ADDRESS OF INSURED

GENWAL COAL CO., INC.
P.O. BOX 1201
HUNTINGTON, UT 84528

Description of Operation/Vehicles/Property

| | Type and Location of Property | Coverage/Perils/Forms | Amt of Insurance | Ded. | Coins % |
|---|---|---|---|---|---|
| PROPERTY | | | | | |

| | Type of Insurance | Coverage/Forms | Limits of Liability | Each Occurrence | Aggregate |
|---|---|---|---|---|---|
| LIABILITY | ☐ Scheduled Form ☒ Comprehensive Form<br>☒ Premises/Operations<br>☒ Products/Completed Operations<br>☒ Contractual<br>☒ Other (specify below) BR.FORM G.L.,"X"<br>☐ Med. Pay. $ Per Person $ Per Accident<br>☒ Personal Injury | CLAIMS MADE<br>☐ A ☐ B ☐ C | Bodily Injury<br>Property Damage<br>Bodily Injury & Property Damage Combined<br>Personal Injury | $<br>$<br>$1,000,000 | $<br>$<br>$ 1,000,00<br>$ |
| AUTOMOBILE | ☐ Liability ☐ Non-owned ☐ Hired<br>☐ Comprehensive-Deductible $<br>☐ Collision-Deductible $<br>☐ Medical Payments $<br>☐ Uninsured Motorist $<br>☐ No Fault (specify):<br>☐ Other (specify): | | Limits of Liability<br>Bodily Injury (Each Person)<br>Bodily Injury (Each Accident)<br>Property Damage<br>Bodily Injury & Property Damage Combined | $<br>$<br>$<br>$ | |

☐ WORKERS' COMPENSATION — Statutory Limits (specify states below) ☐ EMPLOYERS' LIABILITY — Limit $

SPECIAL CONDITIONS/OTHER COVERAGES

$5,000 P.D. Liability Deductible, $100,000 P.D. Limit on "X" coverage, Defense costs included in limit, 2Yr "tail" discovery, minimum earned 25%; minimum annual premium, $25,000: Composite rate: $2.95/$100 payroll Estimated annual and deposite (auditable) $28,018.00-30 day payment plan

NAME AND ADDRESS OF ☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADD'L INSURED

LOAN NUMBER

Roy A. Nikas 12-6-86

Signature of Authorized Representative Date

ACORD 75 (11/77-c)