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MAR 30 2006
DIV. OF OIL, GAS & MINING

March 28, 2006

DIV OF OIL, GAS & MINING
1594 W NORTH TEMPLE STE 1210
SALT LAKE CITY UT 84116

CERTIFICATE OF INSURANCE

This will certify that:

TALON RESOURCES INC
PO BOX 1230
HUNTINGTON UT 84528

*Fireproof
c/025/0005*

Policy Number

has an active Workers Compensation and Employers Liability policy in accordance with the provisions of the Utah Workers Compensation Act for the period 6/14/2005 to 5/27/2006 at 12:01 A.M.

If the policy is cancelled prior to the policy expiration date of 5/27/2006 you will be notified.

Employer's Liability:

| | |
|-------------------------|---------|
| Each Accident: | 100,000 |
| Disease - Policy Limit: | 500,000 |
| Each Employee: | 100,000 |

Job Reference:

ACORD CERTIFICATE OF LIABILITY INSURANCE

Fireproof copies

DATE (MM/DD/YYYY)
03/28/2006

PRODUCER (970)879-1363 FAX (970)879-0239
Brown & Brown / Sleeping Giant Ins
P.O Box 772967
2130 Resort Drive
Steamboat Springs, CO 80477-2957

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED TALON RESOURCES, LTD
195 N. 100 W
POB 1230
HUNTINGTON, UT 84528

INSURER A: VALLEY FORGE INSURANCE COMP

20508C

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------------------|--|-----------------------------------|----------------------------------|-----------------------------------|--|--|
| A | GENERAL LIABILITY | | 05/27/2005 | 05/27/2006 | EACH OCCURRENCE \$ 1,000,000 | |
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 10,000 | |
| | | | | | PERSONAL & ADV INJURY \$ 1,000,000 | |
| | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | |
| | <input type="checkbox"/> POLICY | <input type="checkbox"/> PRO-JECT | <input type="checkbox"/> LOC | | | |
| | | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ | |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | <input type="checkbox"/> HIRED AUTOS | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ | |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC \$ | |
| | | | | | AUTO ONLY: AGG \$ | |
| | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE \$ | |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ | |
| | | | | | \$ | |
| | <input type="checkbox"/> DEDUCTIBLE | | | | \$ | |
| | <input type="checkbox"/> RETENTION \$ | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | OTH-ER | |
| | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. EACH ACCIDENT \$ | |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

| | |
|--|--|
| <p>CERTIFICATE HOLDER</p> <p>Division of Oil, Gas and Mining 1594 West North Temple Suite 1210 Salt Lake City, UT 84116</p> | <p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Christina</i></p> |
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IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.