0032

Document Information Form

Mine Number: C/041/002

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: December 22, 1993

Explanation:

Certificate of Insurance

cc:

File in:
C/ 041 , 002 , Incoming
Refer to:
- ☐ Confidential
- ☐ Shelf
- ☐ Expandable

Date _____ For additional information

041/002 # 4

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 12/22/93

PRODUCER

FLAT TOP INSURANCE AGENCY
320 FEDERAL STREET
P. O. BOX 1439
BLUEFIELD, WV 24701
304-327-3421

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	FIDELITY & CASUALTY CO OF NY
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

Flat Top Insurance
P. O. BOX 1439
BLUEFIELD, WV 24701
304/327-3421

INSURED

THE COASTAL CORPORATION, ETAL
C/O ENERGY INSURANCE INT'L
P.O. BOX 36429
HOUSTON
TX 77236-6429

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	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT. X XCU	MCD001405	12/31/92	3/16/94	GENERAL AGGREGATE	$ 2000000
					PRODUCTS-COMP/OP AGG.	$ 2000000
					PERSONAL & ADV. INJURY	$ 2000000
					EACH OCCURRENCE	$ 2000000
					FIRE DAMAGE (Any one fire)	$ 100000
					MED. EXPENSE (Any one person)	$ 10000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	$
					AGGREGATE	$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
A	OTHER Pollution	MCP001406	12/31/93	3/16/94	$500,000 Aggregate $500,000 Ea. Inc. $5,000 Deductible	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Coastal States Energy Company/Southern Utah Fuel Company
Sufco Mine - Permit ACT/041/002

CERTIFICATE HOLDER

State of Utah
Division of Oil & Gas
3 Triad Center, Suite 350
Salt Lake City, UT 84108-1203

CANCELLATION

SHOULD ANY OF THE AB
EXPIRATION DATE THE
MAIL 90 DAYS WRITTE
LEFT, BUT FAILURE TO M
LIABILITY OF ANY KIND UP

AUTHORIZED REPRESENTATIVE

FLAT
PER

File in:
- Confidential
- Shelf
- Expandable

Refer to Record No 0032 Date 12-22-93
In C/ 041, 002, Incoming
For additional information

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY					
A	X COMMERCIAL GENERAL LIABILITY	MCD001405	12/31/92	3/16/94	GENERAL AGGREGATE	$ 2000000
	CLAIMS MADE X OCCUR.				PRODUCTS-COMP/OP AGG.	$ 2000000
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADV. INJURY	$ 2000000
	X XCU				EACH OCCURRENCE	$ 2000000
					FIRE DAMAGE (Any one fire)	$ 100000
					MED. EXPENSE (Any one person)	$ 10000
	AUTOMOBILE LIABILITY					
	ANY AUTO				COMBINED SINGLE LIMIT	$
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY				PROPERTY DAMAGE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
	OTHER					
A	Pollution	MCP001406	12/31/93	3/16/94	$500,000 Aggregate $500,000 Ea. Inc. $5,000 Deductible	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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CERTIFICATE HOLDER

State of Utah
Division of Oil & Gas
3 Triad Center, Suite 350
Salt Lake City, UT 84108-1203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDEAVOR TO~~ MAIL 90 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

FLAT TOP INSURANCE AGENCY
PER Sidney O. Nash Jr.

090250000

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THE COASTAL CORPORATION

NAMED INSUREDS

A. ANR Coal Company
ANR Western Coal Development Company
Birmingham Coal Company
Brooks Run Coal Company
Cat Run Coal Company
Coastal Coal Sales, Inc. (formerly Coastal Coal International, Inc.)
Enterprise Coal Company (formerly Apache Mining Co.)
Greenbrier Coal Co.
Kingwood Coal Company
Skyline Coal Company
Southern Utah Fuel Company
Unique Mining Systems, Inc.
Utah Fuel Company
Virginia City Coal Company
Virginia Iron, Coal and Coke Company

and/or subsidiary, associated and affiliated companies or owned or controlled companies as were or are now or may hereinafter constituted, and

B. The Coastal Corporation, Coastal Natural Gas Company, Coastal States Energy Company and American Natural Resources Company but only in their capacity as parent and/or holding company to those entities scheduled in (A) above and, only as respects liabilities arising out of operations carried out by or for those entities scheduled in (A) above.

For the purpose of receiving and giving notice and payment or return of premium The Coastal Corporation shall be deemed the only named insured and shall act as the agent of any and all other named insureds.

Prepared by:

Flat Top Insurance Agency
P. O. Box 1439
Bluefield, WV 24701

12-30-92