

Document Information Form

Mine Number: C/041/002

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: March 09, 1994

Explanation:

Certificate of Insurance

cc:

File in: C/041, 002, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

Copy # 4

Original to fireproof ACT/041/002

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/09/94

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	

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	MCD001870	3/16/94	3/16/95	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 2000000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 2000000
	<input checked="" type="checkbox"/> XCU				FIRE DAMAGE (Any one fire) \$ 100000
	<input checked="" type="checkbox"/> Blasting				MED. EXPENSE (Any one person) \$ 10000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<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 \$
	<input type="checkbox"/> HIRED AUTOS				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
A	OTHER Pollution	MCP001871	3/16/94	3/16/95	\$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 EXPIRATION DATE MAIL 90 DAYS LEFT, BUT FAILURE LIABILITY OF ANY

AUTHORIZED REPRESENTATIVE

File in: THE
 Confidential KXX
 Shelf THE
 Expandable V OR
 Refer to Record No 0004 Date 3-9-94 IVES.
 In C/ 041, 002, Incoming
 For additional information 0000

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/09/94

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FLAT TOP INSURANCE AGENCY
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 P. O. BOX 1439
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 c/o Energy Insurance Int'l.
 P.O. Box 36429
 Houston TX 77236-6429

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	<input checked="" type="checkbox"/> Blasting				MED. EXPENSE (Any one person) \$ 10000
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<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/> GARAGE LIABILITY					
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Coastal States Energy Company/Southern Utah Fuel Company
 Sulco 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 ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~SEND BY AIR MAIL~~ 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 *Sedney O. Nash*

090250000

0001 01 000

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.)
Cravat Coal Export Co., Inc.
Enterprise Coal Company (formerly Apache Mining Co.)
Greenbrier Coal Co.
Kingwood Coal Company
Sage Point Coal Company
Skyline Coal Company
Soldier Creek 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

3-16-94