

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

04/362#

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 LTN	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MCD001670	3/16/94	3/16/95	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP ASS. \$ 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				
<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					
<input type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/> GARAGE LIABILITY					
	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 THE FOLLOWING OCCUR, THIS CERTIFICATE SHALL BE VOID AS OF THE EXPIRATION DATE MAIL 90 DAYS IN ADVANCE, BUT FAILURE TO MAIL SHALL NOT RELIEVE THE CERTIFICATE HOLDER OF ANY LIABILITY OF ANY KIND.

AUTHORIZED REPRESENTATIVE

FLU
PER

File in:

<input type="checkbox"/> Confidential	THE
<input type="checkbox"/> Shelf	CRK
<input type="checkbox"/> Expandable	THE
Refer to Record No 0005 Date 3-9-94	OR
In C/ 041, 002, Incoming	YES.
For additional information	

000

04062#

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

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COMPANY LETTER	B	
COMPANY LETTER	C	
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INSURED

The Coastal Corporation, Etal.
c/o Energy Insurance Int'l.
P.O. Box 36429
Houston TX 77236-6429

COVERAGES

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	<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 \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
A	OTHER	MCP001871	3/16/94	3/16/95	\$500,000 Aggregate \$500,000 Ea. Inc. \$5,000 Deductible

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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 ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~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 090250000
PER *Adrienne C. Washburn*

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