

Document Information Form

Mine Number: C1041/002

File Name: Incoming

To: DOGM

From:

Person N/A

Company JOHNSON & HIGGINS OF CALIFORNIA.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in: C1041, 002, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
03/28/97

PRODUCER

Johnson & Higgins of California
Casualty Department
2029 Century Park East
Los Angeles, CA 90067
Tel: (310) 551-4667
0659A-GL5H OLIN

FAX PFO

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 A INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
- COMPANY B
- COMPANY C
- COMPANY D

INSURED

ATLANTIC RICHFIELD COMPANY, ITS
SUBSIDIARIES AND SUBSIDIARIES
INCLUDING CANYON FUEL COMPANY, LLC.
6955 SOUTH UNION PARK CENTER
SUITE 550
MIDVALE, UTAH 84047

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	ISL G1 423256-0 <i>/Surface</i>	12-20-96	01-01-99	BODILY INJURY OCC	\$ N/A
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG	\$ N/A
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE OCC	\$ N/A
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER				PROPERTY DAMAGE AGG	\$ N/A
	<input checked="" type="checkbox"/> CONTRACTUAL				BI & PD COMBINED OCC	\$ 2,000,000
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS				BI & PD COMBINED AGG	\$ 4,000,000
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY AGG	\$ N/A
	<input checked="" type="checkbox"/> PERSONAL INJURY					
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS (Private Pass)				PROPERTY DAMAGE	\$
	<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)				BODILY INJURY & PROPERTY DAMAGE COMBINED	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	\$
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT	\$
	OTHER				DISEASE - POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

SUFCO MINE IS INCLUDED AS A NAMED INSURED UNDER THE REFERENCED POLICY(S) AS RESPECTS TO PERMIT NO. ACT/041/002.

THIS CERTIFICATE IS ISSUED IN LIEU OF CERTIFICATE DATED DECEMBER 18, 1996.

CERTIFICATE HOLDER

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
1594 WEST NORTH TEMPLE, SUITE 1210
P.O. BOX 145801
SALT LAKE CITY, UTAH 84114-5801

CANCEL

SHOULD
EXPIRATION
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~~XXXX~~
~~XXXX~~
AUTHORIZED

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0013 Date _____
In C/ 041, 002, Incoming
For additional information

THE
MAIL
EFT,
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