

### Document Information Form

Mine Number: C/041/002

File Name: Incoming

To: DOGM

From:

Person N/A

Company J & H MARSH & McLENNAN, INC.

Date Sent: JULY 30, 1999

Explanation:

CERTIFICATE OF INSURANCE

\_\_\_\_\_  
\_\_\_\_\_

cc:

File in: C/041,002, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date \_\_\_\_\_ For additional information

PRODUCER  
Marsh USA Inc.  
800 Market Street, Suite 2600  
St. Louis, MO 63101-2500

*FAX PFO*

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY A ST. PAUL FIRE & MARINE INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

Policy -GL-UT-99-00

*ACT/041/002 #4*

INSURED  
Canyon Fuel Company, LLC  
6955 Union Park Center  
Suite 540  
Midvale, UT 84047

COVERAGES This certificate supersedes and replaces any previously issued certificate.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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	GL 01200289	07/31/99	07/31/00	GENERAL AGGREGATE \$ *500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	*\$500,000 general aggregate applies per location			PRODUCTS - COMP/OP AGG \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 300,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> Includes XCU				FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
					COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
		BODILY INJURY (Per accident) \$			
		PROPERTY DAMAGE \$			
		AUTO ONLY - EA ACCIDENT \$			
		OTHER THAN AUTO ONLY:			
		EACH ACCIDENT \$			
		AGGREGATE \$			
		EACH OCCURRENCE \$			
		AGGREGATE \$			
		WC STATUTORY LIMITS			
		OTHER			
		EL EACH ACCIDENT \$			
		EL DISEASE-POLICY LIMIT \$			
		EL DISEASE-EACH EMPLOYEE \$			

RECEIVED  
 JUL 30 1999  
 DIV. OF OIL, GAS & MINING

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

Permit SUFCO Mine ACT/041/002

CERTIFICATE HOLDER

Utah Dept. Of Natural Resources  
Division of Oil, Gas and Mining  
1594 W. North Temple  
Suite 1210  
Salt Lake City, UT 84114-5801

CAI  
SHOULD INSURE  
HOLDER  
J&H MAI  
AI  
JHMM

File in:  
 Confidential  
 Shelf  
 Expandable  
 Refer to Record No. 0057 Date 7-30-99  
 In C/ 041, 002, Incoming  
 For additional information

TE THEREOF, THE  
THE CERTIFICATE  
XXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX



**UTAH  
ATTACHMENT**

**A rider is attached to the policy that requires the insurer to notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.**