

**MARSH USA INC.**

0052

**CERTIFICATE OF INSURANCE**

CERTIFICATE NUMBER  
CHI-000333511-01

**PRODUCER**

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

001950-state-GL8-00-01

**INSURED**

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

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 DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

- COMPANY  
**A** FEDERAL INSURANCE CO
- COMPANY  
**B**
- COMPANY  
**C**
- COMPANY  
**D**

**COVERAGES**

This certificate supersedes and replaces any previously issued certificate for the policy period noted below. 6

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED 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 DESCRIBED 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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Includes XCU	3711-00-10 **\$500,000 general aggregate applies 'per location'	07/31/01	07/31/02	<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$ * 500,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 500,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 300,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 300,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> </table>	GENERAL AGGREGATE	\$ * 500,000	PRODUCTS - COMP/OP AGG	\$ 500,000	PERSONAL & ADV INJURY	\$ 300,000	EACH OCCURRENCE	\$ 300,000	FIRE DAMAGE (Any one fire)	\$ 50,000	MED EXP (Any one person)	\$ 5,000
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
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	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				<table border="1"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY:</td><td></td></tr> <tr><td>    EACH ACCIDENT</td><td>\$</td></tr> <tr><td>    AGGREGATE</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY:		EACH ACCIDENT	\$	AGGREGATE	\$				
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AGGREGATE	\$																
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1"> <tr><td>WC STATUTORY LIMITS</td><td>OTHER</td><td></td></tr> <tr><td>EL EACH ACCIDENT</td><td></td><td>\$</td></tr> <tr><td>EL DISEASE-POLICY LIMIT</td><td></td><td>\$</td></tr> <tr><td>EL DISEASE-EACH EMPLOYEE</td><td></td><td>\$</td></tr> </table>	WC STATUTORY LIMITS	OTHER		EL EACH ACCIDENT		\$	EL DISEASE-POLICY LIMIT		\$	EL DISEASE-EACH EMPLOYEE		\$
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EL DISEASE-EACH EMPLOYEE		\$															
	<b>OTHER</b>																

**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

**CANCELLATION**

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL SEND BY MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN.

MARSH USA INC.

BY: Alfred A. Peterfeso

*Alfred A. Peterfeso*

MM1(9/99)

VALID AS OF: 11/29/01