



July 29, 2005

Via UPS Next Day

Ms. Pam Grubaugh-Littig
Utah Department of Natural Resources
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Salt Lake City, UT 84114-5801

Stacy Carr
a/007/0005
a/007/0018
a/007/0034
a/007/0039
a/041/0002
a/007/0016

Re: Canyon Fuel Company, LLC/Mountain Coal Company, L.L.C.
Certificates of Liability Insurance

Dear Ms. Grubaugh-Littig:

Enclosed are new Certificates of Liability Insurance for the following:

Canyon Fuel Company, LLC: Permits: C007005, C007018, C007039
C007034, C041002

Mountain Coal Company, L.L.C.: Permit: ACT/007/016

I trust you will find the enclosures to be in order.

Sincerely,

Stacy Carr
Stacy Carr
Risk Management Department

Enclosures

cc: Rick Parkins, Arch Western Bituminous Group
Chris Hansen, CFC-Skyline
Mike Davis, CFC-Sufco
Vicky Miller, CFC-Dugout
Henry Barbe, MCC
Phil Schmidt, MCC
Mary Stahl, MCC

RECEIVED
AUG 01 2005
DIV. OF OIL, GAS & MINING

Truecopy 4/07/0018

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER

PRODUCER

Marsh USA Inc.
800 Market Street, Suite 2600
St. Louis, MO 63101-2500
Attn: Renee' L. Butler

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 ACE AMERICAN INSURANCE COMPANY
- COMPANY
B
- COMPANY
C
- COMPANY
D

001950-state-GL8-05-06

Y

INSURED

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

COVERAGES

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

7

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. AGGREGATE 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		07/31/05	07/31/06	GENERAL AGGREGATE	\$ * 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	*****\$500,000 general aggregate			PRODUCTS - COMP/OP AGG	\$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	*****per location****			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
	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					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$
	OTHER				EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Permit Soldier Canyon Mine C007018

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 ~~EXCEPT BY~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN. ~~EXCEPT BY MAIL THE INSURER AFFORDING COVERAGE SHALL SEND WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN.~~

MARSH USA INC.

BY: Alfred A. Peterfeso

Alfred A. Peterfeso

MM1(3/02)

VALID AS OF: 07/29/05

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				AGGREGATE	\$			
EXCESS LIABILITY				EACH OCCURRENCE	\$			
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$			
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER			
THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$			
				EL DISEASE-POLICY LIMIT	\$			
				EL DISEASE-EACH EMPLOYEE	\$			
OTHER								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Permit SUFCO Mine C041002

CERTIFICATE HOLDER

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Division of Oil, Gas and Mining
1594 W. North Temple
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Salt Lake City, UT 84114-5801

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