



State of Alabama
 Surface Mining Commission
 PO Box 2390
 Jasper, AL 35502-2390

Commission Use Only
 License No.: _____

CERTIFICATE OF INSURANCE

Name and Address of Agency	Insurance Companies affording Coverages								
Name and Address of Insured (As Licensed with ASMC)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">A</td><td style="width: 95%;"></td></tr> <tr><td style="text-align: center;">B</td><td></td></tr> <tr><td style="text-align: center;">C</td><td></td></tr> <tr><td style="text-align: center;">D</td><td></td></tr> </table>	A		B		C		D	
A									
B									
C									
D									

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time.

COMPANY	TYPE INSURANCE	POLICY NO.	EXP. DATE	LIMITS OF LIABILITY
	General Liability			PROPERTY DAMAGE (PD): _____ GENERAL INJURY (BI): _____
	Excess Liability			

Description of operations -- This certificate is to cover all coal mining operations of the insured in the State of Alabama permitted by the Alabama Surface Mining Commission.

It is affirmatively certified that these policies of insurance do not contain any exclusions or restrictions not contained in the ISO Standard Comprehensive General Liability policy. It is further affirmed that the explosion, collapse, and underground coverages are contained therein without any restriction.

If any deviations from the ISO Standard Comprehensive General Liability form, please indicate here and ATTACH A COPY OF THE COVERAGE FORM or ENDORSEMENT limiting or restricting coverage. Further, IF THIS SECTION IS APPLICABLE, the NAMED INSURED must sign this Certificate of Insurance below acknowledging that it is aware of the coverage limitations or restrictions.

CANCELLATION: Should any of the above described policies be cancelled or modified prior to the expiration date thereof, the issuing company SHALL mail THIRTY (30) days WRITTEN NOTICE to the below named certificate holder. Failure to mail such notice shall impose liability upon the Insurer(s) for all coverages listed above until such notice shall be properly sent to the certificate holder.

CERTIFICATE HOLDER: _____ DATE THIS CERTIFICATE ISSUED: _____

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 PO BOX 2390
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NAME OF AUTHORIZED RESIDENT AGENT AND LICENSED SURPLUS LINE BROKER

BY: _____
 SIGNATURE OF AUTHORIZED RESIDENT AGENT AND
 LICENSED SURPLUS LINE BROKER

ASMC-134 (4/01) ADDRESS: _____

NAME INSURED (IF REQUIRED)