ACORD <sup>®</sup> C				ERTIFICATE OF LIABILITY INSURANCE 7/31/2021							DATE (MM/DD/YYYY) 7/30/2020	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
		ER Lockton Comp	-				CONTA					
Three City Place Drive, Suite 900							NAME: PHONE FAX					
St. Louis MO 63141-7081							(A/C, No, Ext): E-MAIL + DDB C C					
(314) 432-0500							ADDRE					NAIC #
								INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire Ins Co Pitts. PA				
NCIDED												19445
INSURED Mountain Coal Company, LLC								INSURER B : Aspen Specialty Insurance Company				10717
51/4 Highway 133							INSURER C :					
Somerset CO 81434							INSURER D :					
							INSURER E :					
_							INSURE	RF:				
												XXXXX
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.												
INSR LTR				ADDL	SUBR		POLICY EFF POLICY EXP					
LTR		TYPE OF INS			WVD			(MM/DD/YYYY)	(MM/DD/YYYY)		-	
Α	X			N	N	7032423		7/31/2020	7/31/2021	EACH OCCURRENCE DAMAGE TO RENTED		00,000
		CLAIMS-MADE								PREMISES (Ea occurrence)		00,000
	X	XCU & Subsid								MED EXP (Any one person)	\$ 10,0	
	X									PERSONAL & ADV INJURY		00,000
	GE									GENERAL AGGREGATE		000,000
		POLICY X PRO- JECT X LOC								PRODUCTS - COMP/OP AGG	\$ 5,00 \$	00,000
	AU	AUTOMOBILE LIABILITY				NOT APPLICABLE				COMBINED SINGLE LIMIT (Ea accident)	\$ XX	XXXXX
		ANY AUTO								BODILY INJURY (Per person)		XXXXX
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident		XXXXX
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		XXXXX
			AUTOG ONET								\$ XX	XXXXX
		UMBRELLA LIAB	OCCUR			NOT APPLICABLE				EACH OCCURRENCE	\$ XX	XXXXX
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		XXXXX
		DED RETENT										XXXXX
	WORKERS COMPENSATION					NOT APPLICABLE				PER OTH- STATUTE ER	<u> </u>	
		D EMPLOYERS' LIABILI PROPRIETOR/PARTNE	Y/N							E.L. EACH ACCIDENT	\$ XX	XXXXX
	OFF	ICER/MEMBER EXCLUE		N/A						E.L. DISEASE - EA EMPLOYE		
	lf ye	es, describe under	TIONS below							E.L. DISEASE - POLICY LIMIT		
В	Pol Cla	CRIPTION OF OPERATIONS below   ution Legal Liab -   ms Made   ed. Locs			N	ERAHAF519		7/31/2019	7/31/2021	\$1,000,000 per incident \$1,000,000 policy aggreg New Conditions SIR-per policy	0,000 per incident 0,000 policy aggregate Conditions	
COV	'ER/		OFOR SURFACE C			101, Additional Remarks Schedu ING AND RECLAMATION					ERMIT	
CE	RTI	FICATE HOLDER	2				CANCELLATION See Attachments					
<b>12471681</b> COLORADO DEPT. OF NATURAL RESOURCES DIVISION OF RECLAMATION, MINING & SAFETY 1313 SHERMAN STREET, ROOM 215 DENVER CO 80203								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE				
		1										

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## ENDORSEMENT #

This endorsement, effective 12:01 A.M. 07/31/2020 forms a part of

Policy No. 7032423 issued to ARCH COAL, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH , PA

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## LIMITED ADVICE OF CANCELLATION TO ENTITIES OTHER THAN THE FIRST NAMED INSURED

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

- 1. the cancellation effective date is prior to this policy's expiration date;
  - 2. the First Named Insured is under an existing contractual obligation to notify a certificate holder when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided to the Insurer, either directly or through its broker of record, either:
    - (a)the name of the entity shown on the certificate, a contact name at each such entity and the U.S. Postal Service address of each such entity; or
    - (b) the email address of a contact at each such entity; and
- 3. the Insurer received this information after the First Named Insured receives notice of cancellation of this policy and prior to this policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the Insurer,

the Insurer will provide advice of cancellation (the "Advice") to such Certificate Holders within <u>30</u> days after the First Named Insured provides such information to the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured provides such information to the Insurer.

Proof of the Insurer emailing or mailing the Advice, using the information provided by the First Named Insured, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

- 1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
- 2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.

Authorized Representative



COLORADO DEPT. OF NATURAL RESOURCES DIVISION OF RECLAMATION, MINING & SAFETY 1313 SHERMAN STREET, ROOM 215 DENVER CO 80203

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing Certificate ID 12471681.

•Email: STL-edelivery@lockton.com •Phone: (866) 728-5657 (toll-free)

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using one of the methods above.

*The above inbox is for providing e-Delivery email addresses for next year's renewal* certificates ONLY. Your information will be input within 90 days.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies