

0012



# State of Utah

DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

Norman H. Bangerter  
Governor  
Dee C. Hansen  
Executive Director  
Dianne R. Nielson, Ph.D.  
Division Director

355 West North Temple  
3 Triad Center, Suite 350  
Salt Lake City, Utah 84180-1203  
801-538-5340

September 17, 1991

Mr. Steven K. Tanner  
Valley Camp of Utah, Inc.  
Scofield Route  
Helper, Utah 84526

Dear Mr. Tanner:

Re: Proof of Liability Insurance, Valley Camp Coal Company, Belina Mine Complex, ACT/007/001, Folder #2 Carbon County, Utah

This letter is to follow up on the June 17, 1991 letter (copy enclosed) sent to all operators regarding Certificates of Liability Insurance. Although we have received a copy of your certificate of insurance there still appears to be a couple of deficiencies which need to be addressed.

Your certificate (copy enclosed) does not address damage due to explosives (XCU) nor does it contain a cancellation clause which will guarantee that the Division will be notified of any change in your coverage. The name of the mine (Belina) and the state permit number (ACT/007/001) must also be listed.

Please correct the above deficiencies and submit an amended certificate within 30 days. If you have any questions, please feel free to call me.

Sincerely,

A handwritten signature in cursive script that reads "Daron R. Haddock".

Daron R. Haddock  
Permit Supervisor

Attachment

cc: P. Grubaugh-Littig, DOGM  
R. Harden, DOGM  
INSURANC.LET

# DRD. CERTIFICATE OF INSURANCE

ISSUE DATE: 07/01/90  
DATE

STATE REGISTERED AGENT /

INSURANCE COMPANY

SUB-CODE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	A:	INSURANCE COMPANY
COMPANY LETTER B	B:	
COMPANY LETTER C	C:	
COMPANY LETTER D	D:	
COMPANY LETTER E	E:	

PERMITTEE

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD STATED, 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, CONDITIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROTECTIVE LIABILITY PRODUCT/VENDOR EXCU (EXPLOSIVES) (5)	POLICY NUMBER	07/01/90	07/01/90	GENERAL AGGREGATE \$ 4000 PRODUCTS-COMP/OPS AGGREGATE \$ 2000 PERSONAL & ADVERTISING INJURY \$ 2000 EACH OCCURRENCE \$ 2000 FIRE DAMAGE (Any one fire) \$ 2000 MEDICAL EXPENSE (Any one person) \$ 0
MOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY		01/90	07/01/90	COMBINED SINGLE LIMIT \$ 1000 BODILY INJURY (Per person) \$ 0 BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE \$ 0
DIVISION OF OIL, GAS & MINING OTHER THAN UMBRELLA FORM		/ /	/ /	EACH OCCURRENCE \$ 0 AGGREGATE \$ 0
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	STATUTORY \$ 0 (EACH ACCIDENT) \$ 0 (DISEASE-POLICY LIMIT) \$ 0 (DISEASE-EACH EMPLOYEE)
(7)		/ /	/ /	

RECEIVED  
JUL 02 1990

LOCATION OF OPERATIONS/LOCATIONS/VEHICLES/PROPERTY/SPECIAL ITEMS

MINE NAME  
MINE NUMBER (3)

CERTIFICATE HOLDER

CANCELLATION

STATE OF UTAH, DIV. / OIL & GAS  
N.W. TEMPLE  
MAIL CENTER, SUITE 350  
LAKE CITY, UT 84100

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CHANGED AND/OR CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL (CERTIFIED) 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

**CERTIFICATE OF INSURANCE**

*007/01 Vault  
Belina Complex*

**04/01/91**

**PRODUCER**  
**ALEXANDER & ALEXANDER, INC.**  
**2000 FRONTIS PLAZA BLVD.**  
**WINSTON-SALEM, NC**  
**27103**  
**PHONE 919-659-4190**

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**COMPANIES AFFORDING COVERAGE**

**INSURED**  
**THE VALLEY CAMP COAL COMPANY**  
**(SEE ATTACHED LIST-INSUREDS)**  
**P. O. BOX 900**  
**OIL CITY, PA**  
**16301**

- COMPANY LETTER A **HOME INDEMNITY COMPANY**
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

> COVERAGES <=====  
THIS IS TO CERTIFY THAT 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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	ALL LIMITS IN THOUSANDS	
	<b>GENERAL LIABILITY</b>				<b>GENERAL AGGREGATE</b>	<b>5000</b>
A	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY	<b>GLR989050</b>	<b>04/01/91</b>	<b>04/01/92</b>	<b>PRODS-COMP/OPS AGG.</b>	<b>1000</b>
	<input type="checkbox"/> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC.	<b>PER LOCATION</b>			<b>PERS. &amp; ADVG. INJURY</b>	<b>1000</b>
	<input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE	<b>GEN. AGGREGATE</b>			<b>EACH OCCURRENCE</b>	<b>1000</b>
	<input type="checkbox"/>				<b>FIRE DAMAGE (ANY ONE FIRE)</b>	<b>100</b>
	<input type="checkbox"/>				<b>MEDICAL EXPENSE (ANY ONE PERSON)</b>	<b>5</b>
A	<b>AUTOMOBILE LIAB</b>				<b>CSL</b>	<b>1000</b>
	<input checked="" type="checkbox"/> ANY AUTO	<b>BAK980291</b>	<b>04/01/91</b>	<b>04/01/92</b>	<b>BODILY INJURY (PER PERSON)</b>	
	<input type="checkbox"/> ALL OWNED AUTOS				<b>BODILY INJURY (PER ACCIDENT)</b>	
	<input type="checkbox"/> SCHEDULED AUTOS				<b>PROPERTY</b>	
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	<input type="checkbox"/>					
	<b>EXCESS LIABILITY</b>				<b>EACH OCC</b>	<b>AGGREGATE</b>
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMP AND EMPLOYERS' LIAB</b>				<b>STATUTORY</b>	<b>EACH ACC DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE</b>
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
**Reference: Permit Number UT-0013 and UT-0049.**

> CERTIFICATE HOLDER <=====  
**State of Utah**  
**Division of Oil, Gas & Mining**  
**355W.N. Temple, 3 Triad Center**  
**Su.350, Salt Lake City, UT**  
**84180-1203**

= CANCELLATION <=====  
= SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT = FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
= AUTHORIZED REPRESENTATIVE

ACORD 25-S (3/88)

*John W. Hunter*