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Document Information Form

Mine Number: 4/007/001
File Name: INCOMING

To: DOGM

From:

Person N/A
Company CHUBB GROUP (FEDERAL INSURANCE CO)

Date Sent: 09/16/93

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in:
CI 007, 001, INCOMING

- Refer to:
- Confidential
 - Shelf
 - Expandable

Date _____ For additional information

CERTIFICATE OF LIABILITY INSURANCE

Issued To:

State of Utah

Department of Natural Resources

Division of Oil, Gas and Mining

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THIS IS TO CERTIFY THAT:

CHUBB GROUP (FEDERAL INSURANCE COMPANY)

(Name of Insurance Company)

15 MOUNTAIN VIEW ROAD, WARREN, NJ 07059

(Home Office Address of Insurance Company)

HAS ISSUED TO:

WHITE OAK MINING & CONSTRUCTION COMPANY, INC.

(Name of Permittee)

WHITE OAK NO. 1 MINE

WHITE OAK NO. 2 MINE

(Mine Name)

ACT/007/001

(Permit Number)

CERTIFICATE OF INSURANCE:

3710-45-17

(Policy Number)

9/16/93

(Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per R645-301-890 Terms and Conditions for Liability Insurance:

- A. The DIVISION shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the state of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any persons injured or property damaged as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

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In C/ 007001, 1991, 1991, 1991
For additional information

- C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas and Mining in writing of any substantive change, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

PHILIP B. GIBSON

(Agent's Name)

606-273-6600

(Phone)

MCDONOUGH CAPERTON INSURANCE GROUP

(Company Name)

3201 NICHOLASVILLE ROAD, SUITE 410

(Mailing Address)

LEXINGTON, KENTUCKY 40503-3311

(City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he/she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent or officer.)

4/18/94 Philip B. Gibson Vice President
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Philip B. Gibson

this 18th day of April, 1994.

Wanita W. Clements

(Signature)

My Commission Expires: 8/17/97

EXHIBIT "D"
STIPULATION TO REVISE
RECLAMATION AGREEMENT

Permit Number: _____

Effective Date: _____

**COAL
STIPULATION TO REVISE RECLAMATION AGREEMENT**

--ooOOoo--

This STIPULATION TO REVISE RECLAMATION AGREEMENT entered into by and between the PERMITTEE and DIVISION incorporates the following revisions or changes to the RECLAMATION AGREEMENT: (Identify and Describe Revisions Below)

In accordance with this STIPULATION TO REVISE RECLAMATION AGREEMENT, the following Exhibits have been replaced by the PERMITTEE and are approved by the DIVISION:

____ Replace the RECLAMATION AGREEMENT in its entirety.

____ Replace Exhibit "A" - PERMIT AREA.

____ Replace Exhibit "B" - BONDING AGREEMENT.

____ Replace Exhibit "C" - LIABILITY INSURANCE.

The BONDING amount is revised from (\$ _____) to (\$ _____).

The BONDING Type is changed from _____ to _____.

The SURFACE DISTURBANCE is revised from _____ acres to _____ acres.

The EXPIRATION DATE is revised from _____ to _____.

The LIABILITY INSURANCE carrier is changed from _____
to _____.

The AMOUNT of INSURANCE coverage for bodily injury and property damage
is changed from (\$ _____) to (\$ _____).

IN WITNESS WHEREOF the PERMITTEE has hereunto set its signature and seal
this ____ day of _____, 19____.

PERMITTEE
By: _____
Title: _____

ACCEPTED BY THE STATE OF UTAH
this ____ day of _____, 19____.

Director, Division of Oil, Gas and Mining

NOTE: An Affidavit of Qualification must be completed and attached to this form for each authorized agent or officer. Where one signs by virtue of Power of Attorney for a company, such Power of Attorney must be filed with this Agreement. If the PERMITTEE is a corporation, the Agreement shall be executed by its duly authorized officer.

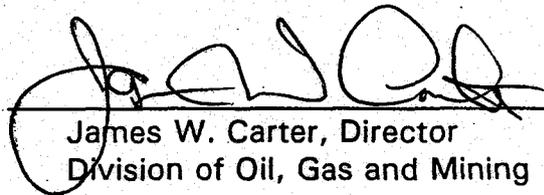
**AFFIDAVITS
OF
QUALIFICATION**

AFFIDAVIT OF QUALIFICATION
DIRECTOR

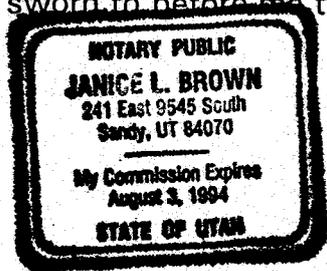
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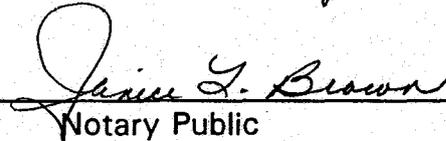
James W. Carter, being first duly sworn under oath, deposes and says that he is the Director of the Division of Oil, Gas and Mining, Department of Natural Resources, State of Utah; and that he is duly authorized to execute and deliver the foregoing obligations; and that said DIRECTOR is authorized to execute the same by authority of law on behalf of the State of Utah.

(Signed)


James W. Carter, Director
Division of Oil, Gas and Mining

Subscribed and sworn to before me this 27th day of May, 19 94.




Notary Public

My Commission Expires:

August 3, 19 94.

Attest:

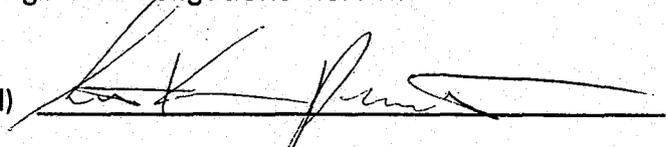
STATE OF Utah)

COUNTY OF Salt Lake)

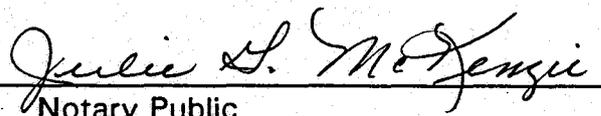
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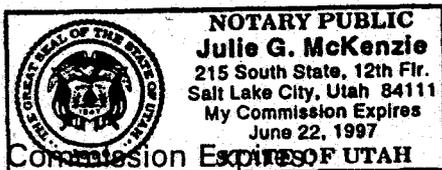
**AFFIDAVIT OF QUALIFICATION
PERMITTEE
--ooOOoo--**

I, Scott Kiscaden being first duly sworn under oath, deposes and says that he/she is the (officer or agent) _____ of _____; and that he/she is duly authorized to execute and deliver the foregoing obligations; and that said PERMITTEE is authorized to execute the same and has complied in all respects with the laws of Utah in reference to commitments, undertakings and obligations herein.

(Signed) 
Name - Position

Subscribed and sworn to before me this 29th day of March, 1994.


Notary Public



My Commission Expires 6-22, 1997.

Attest:

STATE OF Utah
COUNTY OF Salt Lake

SS:

**AFFIDAVIT OF QUALIFICATION
SURETY COMPANY**

--oo00oo--

I, Tina Hall Cocanougher, being first duly sworn under oath, deposes and says that he/she is the (officer or agent) Agent of National Union Fire Insurance Company of Pittsburgh, PA; and that he/she is duly authorized to execute and deliver the foregoing obligations; and that said SURETY COMPANY is authorized to execute the same and has complied in all respects with the laws of Utah in reference to becoming sole surety upon bonds, undertakings and obligations herein.

(Signed) *Tina M. Walker*
Attorney-in-Fact
Surety Company Officer - Position

Subscribed and sworn to before me this 25 day of April, 1994.

Tina Hall Cocanougher
Notary Public

My Commission Expires: My

Notary Public for the State of Utah
My Commission Expires May 24, 1995

_____, 19 ____.

Attest:

STATE OF _____)

COUNTY OF _____)

ss: