

### Document Information Form

Mine Number: C/007/004

File Name: Incoming

To: DOGM

**From:**

Person N/A

Company Alexander & Alexander, Inc.

Date Sent: N/A

**Explanation:**

CERTIFICATE OF INSURANCE

cc:

File in: C/007, 004, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date \_\_\_\_\_ For additional information

# Certificate of Insurance

(Title) ACT/007/004



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 LISTED BELOW

NAME AND ADDRESS OF AGENCY  
**ALEXANDER & ALEXANDER, INC.**  
1185 AVE. OF THE AMERICAS  
NEW YORK, N.Y. 10036

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER	<b>A</b> Insurance Company of North America
COMPANY LETTER	<b>B</b>
COMPANY LETTER	<b>C</b>
COMPANY LETTER	<b>D</b>
COMPANY LETTER	<b>E</b>

JRM  
MAR 31 1982

NAME AND ADDRESS OF INSURED  
**AMERICAN ELECTRIC POWER CO., INC.**  
180 EAST BROAD STREET  
COLUMBUS, OHIO 43215  
**INCLUDES PRICE RIVER COAL CO. HELPER UTAH**

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. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>ISL-GO 134142A</b>	<b>4/1/83</b>	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES-OPERATIONS			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	\$ 500
	<input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD			PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> UNDERGROUND HAZARD					
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>	<b>ISA 1363</b>	<b>4/1/83</b>	BODILY INJURY (EACH PERSON)	\$	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input checked="" type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	
	<input checked="" type="checkbox"/> NON-OWNED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<b>EXCESS LIABILITY</b>					
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>					
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES  
**PRICE RIVER COAL CO. INC. HELPER, UTAH**

**RECEIVED**  
MAR 30 1982  
DIVISION OF OIL, GAS & MINING

**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 below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind.

NAME AND ADDRESS OF CERTIFICATE HOLDER:  
**DIVISION OF OIL GAS & MINING**  
**DEPT. OF NATURAL RESOURCES**  
**1588 WEST NORTH TEMPLE**  
**SALT LAKE CITY, UT 84116**

File in:  
 Confidential  
 Shelf  
 Expandable  
Refer to Record No. 0064 Date \_\_\_\_\_  
In C/ 007, 004, Incoming  
For additional information

# Certificate of Insurance

ACI/007/004



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NAME AND ADDRESS OF AGENCY <b>ALEXANDER &amp; ALEXANDER, INC.</b> 1185 AVE. OF THE AMERICAS NEW YORK, N.Y. 10036	COMPANIES AFFORDING COVERAGES COMPANY LETTER <b>A</b> Insurance Company of North America COMPANY LETTER <b>B</b> COMPANY LETTER <b>C</b> COMPANY LETTER <b>D</b> COMPANY LETTER <b>E</b>
NAME AND ADDRESS OF INSURED <b>AMERICAN ELECTRIC POWER CO., INC.</b> 180 EAST BROAD STREET COLUMBUS, OHIO 43215 INCLUDES PRICE RIVER COAL CO. HELPER UTAH	DATE ISSUED MAR 31 1982

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. Notwithstanding any requirement, term or condition of any contract of 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
				EACH OCCURRENCE	AGGREGATE	
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>ISL-GO 134142A</b>	<b>4/1/83</b>	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES-OPERATIONS			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	\$ 500
	<input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD			PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> UNDERGROUND HAZARD					
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD					
	<input checked="" type="checkbox"/> CONTRACTUAL INSURANCE					
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>	<b>ISA 1363</b>	<b>4/1/83</b>	BODILY INJURY (EACH PERSON)	\$	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input checked="" type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	
	<input checked="" type="checkbox"/> NON-OWNED					
	<b>EXCESS LIABILITY</b>			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY		
	<b>OTHER</b>					

RECEIVED

MAR 30 1982

DIVISION OF OIL, GAS & MINING

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES  
**PRICE RIVER COAL CO. INC. HELPER, UTAH**

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**DIVISION OF OIL GAS & MINING**  
**DEPT. OF NATURAL RESOURCES**  
**1588 WEST NORTH TEMPLE**  
**SALT LAKE CITY, UT 84116**

DATE ISSUED: **3-25-82**  
  
 AUTHORIZED REPRESENTATIVE