

0045

### Document Information Form

Mine Number: C/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company ALEXANDER & ALEXANDER, INC.

Date Sent: MARCH 24, 1983

Explanation:

CERTIFICATE OF INSURANCE.

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cc:

File in: C/007, 004, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

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

To Target  
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Folder No 2 & 5



# Certificate of Insurance

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 AVENUE OF THE AMERICAS NEW YORK, N.Y. 10036		COMPANIES AFFORDING COVERAGES COMPANY LETTER <b>A</b> INSURANCE CO. OF NORTH AMERICA COMPANY LETTER <b>B</b> <b>JIM</b> COMPANY LETTER <b>C</b> <b>MAR 24 1983</b> COMPANY LETTER <b>D</b> COMPANY LETTER <b>E</b>	
NAME AND ADDRESS OF INSURED  AMERICAN ELECTRIC POWER CO. INC. 180 EAST BROAD STREET COLUMBUS, OH 43215			

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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input checked="" type="checkbox"/> UNDERGROUND HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input checked="" type="checkbox"/> CONTRACTUAL INSURANCE <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> PERSONAL INJURY	ISL-GO 209774-6	4/1/84	BODILY INJURY	\$	\$
				PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	\$ 500
				PERSONAL INJURY	\$	\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED	ISA 1415	4/1/84	BODILY INJURY (EACH PERSON)	\$	\$
				BODILY INJURY (EACH ACCIDENT)	\$ 500	\$
				PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b> MAR 24 1983	STATUTORY	\$
	<b>OTHER</b> DIVISION OF OIL GAS & MINING					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES The above captioned policy includes the following rider:  
 (1) The insurer will notify the regulatory authority whenever substantive changes are made in the policy, including any termination or failure to renew.  
 (2) The policy is non-cancellable without prior notice to the regulatory authority. (3) The regulatory authority is the Utah Dept. of Natural Resources.

**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 upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:  
 UTAH DEPARTMENT OF NATUAL RESOURCES  
 DIV. OF OIL, GAS AND MINING  
 4241 STATE OFFICE BUILDING  
 SALT LAKE CITY, UT 84114

File in:  
 Confidential  
 Shelf  
 Expandable  
 Refer to Record No. 0045 Date 3-24-82  
 In C/ 007, 004, Incoming  
 For additional information

RC. 3B