

Document Information Form

Mine Number: C/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company ALEXANDER & ALEXANDER OF NEW YORK, INC.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in: CI 007, 004, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

ISSUE DATE (MM/DD/YY)

File RT/007/004

CERTIFICATE OF INSURANCE

PRODUCER

ALEXANDER & ALEXANDER OF NEW YORK, INC.
 1185 AVENUE OF THE AMERICAS
 NEW YORK, N.Y. 10036

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

INSURED

AMERICAN ELECTRIC POWER CO., INC.
 1 RIVERSIDE PLAZA
 COLUMBUS, OH 43216-6631
 INCLUDES: PRICE RIVER COAL CO.
 HELPER UTAH

COMPANY LETTER A	INSURANCE CO. OF NORTH AMERICA
COMPANY LETTER B	AEGIS INSURANCE SERVICES, INC.
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 THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	ISL GO 313723-5	6/30/86	6/30/87	BODILY INJURY	\$ 1,000	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$ 1,000	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 1,000
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY						
A	AUTOMOBILE LIABILITY	ISA 1480	6/30/86	6/30/87	BODILY INJURY PER PERSON	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY PER ACCIDENT	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS)				BI & PD COMBINED	\$	1,000
	<input type="checkbox"/> HIRED AUTOS						
B	EXCESS LIABILITY	XL 317 A 86	6/30/86	6/30/87	BI & PD COMBINED	\$	\$
	<input checked="" type="checkbox"/> UMBRELLA FORM					20,000	20,000
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 PRICE RIVER COAL CO. HELPER UTAH

CERTIFICATE HOLDER

UTAH DIV OF OIL
 GAS & MINING
 4241 STATE OFFICE BLDG.
 SALT LAKE CITY, UT 84114

CANCELLATION

SHOULD ANY OF THE ABOVE EXPIRATION DATE THERE 30 DAYS WRITTEN NO BUT FAILURE TO MAIL SUCH ANY KIND UPON THE COM

AUTHORIZED REPRESENTATIVE

File in:

Confidential
 Shelf
 Expandable

Refer to Record No 0021 Date _____
 In Cl 007, 004, Incoming _____
 For additional information _____

ISSUE DATE (MM/DD/YY)

File # 1007/009

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1185 AVENUE OF THE AMERICAS
NEW YORK, N.Y. 10036

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COVERAGES

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A	GENERAL LIABILITY	ISL GO 313723-5	6/30/86	6/30/87	BODILY INJURY	\$ 1,000	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$ 1,000	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 1,000
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
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A	AUTOMOBILE LIABILITY	ISA 1480	6/30/86	6/30/87	BODILY INJURY PER PERSON	\$	
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	<input checked="" type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

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PRICE RIVER COAL CO. HELPER UTAH

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UTAH DIV OF OIL
GAS & MINING
4241 STATE OFFICE BLDG.
SALT LAKE CITY, UT 84114

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 AND ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

