

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: C/007,004, Incoming

- Refer to:
- Confidential
 - Shelf
 - Expandable

Date _____ For additional information

File ACT 1007/004

ISSUE DATE (MM/DD/YY)

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

COMPANY LETTER A	INSURANCE CO. OF NORTH AMERICA
COMPANY LETTER B	AEGIS INSURANCE SERVICES, INC.
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

23

INSURED

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

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						
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	\$ 20,000	\$ 20,000
	<input checked="" type="checkbox"/> UMBRELLA FORM						
	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 EXPIRATION DATE TH 30 DAYS WRITTEN BUT FAILURE TO MAIL S ANY KIND UPON THE C

AUTHORIZED REPRESENTATIVE

File in:

- Confidential
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- Expandable

Refer to Record No. 0022 Date _____

In C/ 007,004, Incoming

For additional information _____

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	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 1,000
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UTAH DIV OF OIL
GAS & MINING
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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 OF LIABILITY AND ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE