

0014

Document Information Form

Mine Number: 2/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in: 007/004, 1991, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

007/002 Vault

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
06/05/91

PRODUCER

CORROON & BLACK OF OHIO, INC.
655 METRO PLACE SOUTH
P.O. BOX 7157
DUBLIN, OH 43017

614-766-8900

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** ACCELERATION NATIONAL INSURANCE CO.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

AMERICAN ELECTRIC POWER COMPANY, INC.
1 RIVERSIDE PLAZA 0191
P.O. BOX 16631
COLUMBUS, OH 43216-6631
INCL: BLACKHAWK COAL CO.

COVERAGES

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	AEP 60882-CM	7/1/91	7/1/92	GENERAL AGGREGATE	\$ 1,000
	PRODUCTS-COMP/OPS AGGREGATE				\$ 1,000	
					PERSONAL & ADVERTISING INJURY	\$ 1,000
					EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 50
					MEDICAL EXPENSE (Any one person)	\$ 0
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	BAP24680	7/1/91	7/1/92	COMBINED SINGLE LIMIT	\$ 1,000
	BODILY INJURY (Per person)				\$	
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	\$
					(EACH ACCIDENT)	\$
					-POLICY LIMIT)	\$
					-EACH EMPLOYEE)	\$
	OTHER					

IMPORTANT NOTICE

By law to include the following statement on all policies of insurance, and applications for group policies:

with intent to defraud...
...against an insurer, ...
...containing a false or deceptive statement.

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0014 Date N/A
In 007/004, 1991 Incoming
For additional information

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

DIVISION OF OIL GAS AND MINING
STATE OF UTAH
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UT 84187-1203
ATTN: HAROLD SANDBECK

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

AUTHORIZED REPRESENTATIVE
Salvador M. [Signature]

007/002 Vault

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A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	BAP24680	7/1/91	7/1/92	COMBINED SINGLE LIMIT \$ 1,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	IMPORTANT NOTICE			STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE-POLICY LIMIT) \$ (DISEASE-EACH EMPLOYEE)
	OTHER	with intent to defraud or knowing that he is			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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STATE OF UTAH
3 TRIAD CENTER, SUITE 350
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AUTHORIZED REPRESENTATIVE