

Document Information Form

Mine Number: CI/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: JUL 3, 1995

Explanation:

CERTIFICATE OF INSURANCE

cc:

File in: CI 007/004 1995, Incoming

- Refer to:
- Confidential
 - Shelf
 - Expandable

Date _____ For additional information

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 29-JUN-1995

PRODUCER
 Willis Corroon Corporation of Ohio
 655 Metro Place South
 Suite 600
 PO Box 7157
 Dublin OH 43017
 (614) 766-8900
 Contact : Marie T. Jones

18564

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.

RECEIVED

JUL 03 1995

DIV. OF OIL, GAS & MINING

COMPANIES AFFORDING COVERAGE

INSURED
 American Electric Power Company, Inc. and subsidiaries
 1 Riverside Plaza
 P.O. Box 16631
 Columbus OH 43216-6631

COMPANY LETTER	A United States Fire Insurance Company
COMPANY LETTER	B Energy Insurance (Bermuda) Ltd.
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

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)	LIMITS
A	GENERAL LIABILITY	5410180089	01-JUL-1995	01-JUL-1996	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 250,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 250,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY	1380165633	01-JUL-1995	01-JUL-1996	COMBINED SINGLE LIMIT \$ 250,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				
B	EXCESS LIABILITY	P03-95-02	01-JUL-1995	01-JUL-1996	EACH OCCURRENCE \$ 4,750,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 20,000,000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				

File in:
 Confidential
 Shelf
 Expandable
 Refer to Record No 0002 Date 7-3-95
 In CI/007/004, 1995 Incoming
 For additional information

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 THIS CERTIFICATE MAY BE RELIED UPON ONLY IF THE DESCRIPTION OF OPERATIONS ATTACHMENT REFERRED TO HEREIN IS ATTACHED HERETO.

CERTIFICATE HOLDER
 Utah Division 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 ~~BY MAIL OR BY FAX~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~BY FAX FAILURE TO MAIL SHALL BE THE RESPONSIBILITY OF THE POLICYHOLDER.~~
 AUTHORIZED REPRESENTATIVE

Marie T. Jones

ACORD CERTIFICATE OF INSURANCE

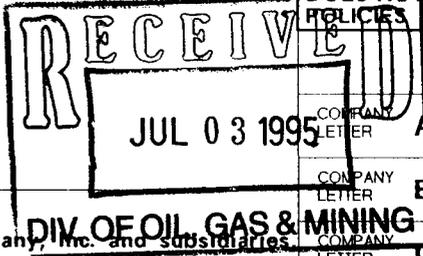
ISSUE DATE (MM/DD/YY)

29-JUN-1995

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COMPANIES AFFORDING COVERAGE

INSURED
 American Electric Power Company, Inc. and subsidiaries
 1 Riverside Plaza
 P.O. Box 16631
 Columbus OH 43216-6631

- COMPANY LETTER A United States Fire Insurance Company
- COMPANY LETTER E Energy Insurance (Bermuda) Ltd.
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

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	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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CERTIFICATE HOLDER

Utah Division 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 SEND BY 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

Marie T. Jones



CERTIFICATE OF INSURANCE

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DESCRIPTION OF OPERATIONS ATTACHMENT

PAGE 1 OF 1

29-JUN-1995

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United States Fire Insurance Company

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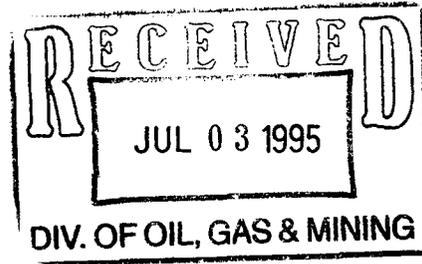
Certificate Holder : Utah Division of Oil

Per Ohio Revised Code Section 3999.21, as enacted by House Bill 347,
 "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING
 A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING
 A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

INSURED INCLUDES: BLACKHAWK COAL CO.

- 1) WILLOW CREEK PERMIT NO. UT-007/002.
- 2) INCLUDES USE OF EXPLOSIVES.
- 3) ANY AND ALL PROVISIONS OF THIS POLICY WHICH ARE IN CONFLICT WITH THE STATUTES OF THE STATE WHEREIN THIS POLICY IS APPLICABLE ARE UNDERSTOOD, DECLARED AND ACKNOWLEDGED BY THIS COMPANY TO BE AMENDED TO CONFORM TO SUCH STATUES.
- A) ACCELERATION POLICY AEP 60882-CM, FORM CG00020286, EFFECTIVE 7-1-90/91.
- B) CURRENT RETROACTIVE DATE IS 7-1-90. ALL POLICIES PRIOR TO 7-1-90 ON AN OCCURENCE BASIS.
- C) NO TAIL COVERAGE PURCHASE, AS THERE HAVE BEEN NO LAPSES OR CHANGES IN COVERAGE.
- D) ANY CLAIM OCCURRING AFTER 7-1-90 WILL BE COVERED BY THE POLICY IN EFFECT WHEN THE CLAIM IS FILED. POLICY ALLOWS FOR AN AUTOMATIC EXTENDED REPORT-ING PERIOD FOR OCCURENCES OF 60 DAYS AFTER TERMINATION OF COVERAGE. CLAIMS ARISING FROM SUCH AN OCCURENCE ARE COVERED FOR 5 YEARS AFTER NOTIFICATION.

WILLIS CORROON



Willis Corroon
Corporation of
Ohio
Insurance
Surety
Benefits
Risk Management
655 Metro Place South
Suite 600
Dublin, Ohio 43017
(614)766-8900
Fax (614)766-8999

RE: CERTIFICATE OF INSURANCE

INSURED: AMERICAN ELECTRIC POWER COMPANY, INC.

I AM ENCLOSING A CERTIFICATE OF INSURANCE ISSUED ON BEHALF OF OUR CLIENT, AMERICAN ELECTRIC POWER COMPANY, INC.

IF YOU HAVE ANY QUESTIONS REGARDING THE ENCLOSED, PLEASE FEEL FREE TO CONTACT:

**SUE KASSON AT AEP (614) 223-1087 OR
CRAIG MOORE AT AEP (614) 223-1088**

Sincerely,

A handwritten signature in black ink, appearing to read "Gary L. Friedhoff".

Gary L. Friedhoff, ARM
Executive Vice President and
Chief Executive Officer

GLF/hve

Enclosure