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PLATEAU MINING COMPANY

A Subsidiary of Getty Mining Company
P.O. Drawer PMC Price, Utah 84501
Telephone (801) 637-2875

JIM
SEP 02 1983

RECEIVED
SEP 01 1983
DIVISION OF
OIL, GAS & MINING

August 22, 1983

Mr. James Smith
Division of Oil, Gas and Mining
1588 West North Temple
Salt Lake City, Utah 84116

Re: Certificate of Liability Insurance

Dear Mr. Smith:

Please find enclosed the Certificate of Liability Insurance you requested by letter dated August 2, 1983.

Respectfully,

PLATEAU MINING COMPANY

Ben A. Grimes
Environmental Coordinator

BAG:sd

Enclosure

cc: Jeff Collins
Bob Lauman

(COAL)

CERTIFICATE OF LIABILITY INSURANCE
Issued to: State of Utah
Department of Natural Resources
Division of Oil, Gas, and Mining

THIS IS TO CERTIFY, That the THE TRAVELERS INDEMNITY COMPANY
(Name of Insurance Company)
of 3600 WILSHIRE BLVD., SUITE 1620, LOS ANGELES, CALIFORNIA 90010
(Home Office Address of Company)
has issued to PLATEAU MINING COMPANY of
(Name of Permit Applicant)
P.O. BOX PMC, PRICE, UTAH 84501 Policy No. TR-NSL-137T936-6-82
(Address of Permit Applicant)
effective from MARCH 1, 19, 83 and continuing until cancelled, nonrenewed, or changed as provided herein, which policy provides personal injury and property damage insurance covering the obligations imposed upon such permit applicant with regard to Permit No. _____ according to provisions of the coal mining and reclamation program of Utah, (Utah Code Annotated 40-10-1 et seq.), specifically Section UMC/SMC 806.14.

Underwriting Agent: JAMES T. ANDERSON

Company Name: THE TRAVELERS INDEMNITY COMPANY Phone: (213) 381-0011

Address: 3600 WILSHIRE BLVD., SUITE 1620, LOS ANGELES, CALIFORNIA 90010

The above-named insurance company agrees to notify the Division in writing of any substantive change in the above coverage, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division.

The undersigned affirms that the above information is true and complete to the best of his or her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company.

AUGUST 16, 1983 James T. Anderson (SECRETARY)
(Date, Signature, and Title of Authorized Representative of Insurance Company)

Signed and sworn to before me by James T. Anderson this the 17th day of August, 1983.

Karen L. Ellis
(Notary)

My Commission Expires: February 6, 1987

OFFICIAL SEAL
KAREN L ELLIS
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires FEB 6, 1987