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# State of Utah

DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

Norman H. Bangarter  
Governor  
Dee C. Hansen  
Executive Director  
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Division Director

355 West North Temple  
3 Triad Center, Suite 350  
Salt Lake City, Utah 84180-1203  
801-538-5340

August 14, 1989

Mr. Benjamin Grimes  
Environmental Coordinator  
Cyprus-Plateau Mining Company  
P. O. Drawer P M C  
Price, Utah 84501

Dear Mr. Grimes:

Re: Certificate of Insurance, Cyprus-Plateau Mining Company,  
Starpoint Mine, ACT/007/006, Folder #4, Carbon County, Utah

The Division recently received a Certificate of Insurance indicating a new insurance carrier had been obtained by Cyprus-Plateau Mining Corporation for the Starpoint Mine. Please complete the enclosed Certificate of Insurance and return it to the Division.

Additionally, due to the fact that this is a "Claims-Made" not "Per Occurrence" policy (as required by the Utah Coal regulations), Cyprus-Plateau Mining Corporation must also enclose the policy with the Certificate of Insurance.

Please submit all of this information by September 15, 1989. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Richard V. Smith".

Richard V. Smith  
Permit Supervisor

PGL/djh  
cc: L. P. Braxton, DOGM  
P. Grubaugh-Littig, DOGM  
AT4/47

EXHIBIT "C"  
LIABILITY INSURANCE

August 1988

CERTIFICATE OF LIABILITY INSURANCE

Issued To:  
State of Utah  
Department of Natural Resources  
Division of Oil, Gas and Mining  
--oo00oo--

THIS IS TO CERTIFY THAT:

\_\_\_\_\_  
(Name of Insurance Company)

\_\_\_\_\_  
(Home Office Address of Insurance Company)

HAS ISSUED TO:

\_\_\_\_\_  
(Name of Permit Applicant)

\_\_\_\_\_  
(Mine Name)

\_\_\_\_\_  
(Permit Number)

CERTIFICATE OF INSURANCE:

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per UMC/SMC Part 800.60 Terms and Conditions for Liability Insurance;

- A. The Division shall require the applicant to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the state of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any persons injured or property damaged as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.

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- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.
- C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas and Mining in writing of any substantive change, 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. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

\_\_\_\_\_  
(Agent's Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip Code)

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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. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent or officer.)

\_\_\_\_\_  
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

\_\_\_\_\_  
(Signature)

My Commission Expires:

\_\_\_\_\_  
(Date)