**From:** Mark Reynolds <mark.reynolds@cwmining.com>
**To:** Pam Grubaugh-Littig <PAMGRUBAUGHLITTIG@utah.gov>
**Date:** 1/31/2008 12:34 PM
**Subject:** Hiawatha Insurance
**Attachments:** insurance extension.pdf

**CC:** Pete Hess <petehess@utah.gov>

Pam,

Here is a copy of the extension letter for the Hiawatha insurance. It is currently insured as unproductive lands. That status will be changing this year so they will have to issue a different type of policy. that will be taken care of before this extension expires. You should have an official copy of this letter somewhere in your internal mail system. They claim they mailed it out on January 25, 2008.

Mark

*Mark*

SCOTTSDALE INSURANCE COMPANY
P.O. BOX 571770
MURRAY UT 84123

# NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

HIAWATHA COAL COMPANY
3212 SOUTH STATE ST.
SALT LAKE CITY UT 84115

Producer: BENN6398

BENNION-TAYLOR INSURANCE
481 W MURRAY BLVD
MURRAY UT 84123

Policy No.:   CLS1304319
Type of Policy:   GENERAL LIABILITY OCCURRENCE
Date of Expiration:   02/24/2008; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires.  Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is  CHANGE IN EXPOSURE

If you believe that we have not stated with reasonable precision the facts upon which our decision is based, you may make a written request that we provide you with these facts.  This information will be provided to you within 10 days of the receipt of your written request.

You may request we provide you information about losses under this policy and previous policies, which we have issued to you, not to exceed 3 years.  The information will give you details of closed claims, open claims and notices of occurrences.  We will provide the information to you within 30 days from the date we receive your written request.

Named Insured

HIAWATHA COAL COMPANY
3212 SOUTH STATE ST.
SALT LAKE CITY UT 84115

Date Mailed:
25th day of January, 2008

*Joan Hales*

JOAN HALES

FORM# CN96970103UT61995
DOEN 3.0.07.12a

Copy for Named Insured