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*Incoming
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From: Mark Reynolds <mark.reynolds@hiawathacoal.com>
To: Angela Nance <angelanance@utah.gov>
CC: Elliot Finley <efinley@efinley.com>, Dana Dean <danadean@utah.gov>, <OGM...
Date: 4/8/2009 4:44 PM
Subject: Re: [Fwd: Hiawatha - Liability Insurance]
Attachments: Hiawatha Complex Liability 2009.pdf

Angela,

Here it is.

Mark

Elliot Finley wrote:

- > Mark,
- >
- > Would you pdf and forward a copy of our current insurance certificate
- > to DOGM (copy me also).
- >
- > Thanks,
- > Elliot
- >
- > ----- Original Message -----
- > Subject: Hiawatha - Liability Insurance
- > Date: Wed, 08 Apr 2009 11:33:09 -0600
- > From: Angela Nance <angelanance@utah.gov>
- > To: <efinley@efinley.com>
- > CC: Daron Haddock <DARONHADDOCK@utah.gov>
- >
- > Hi Elliot,
- >
- > As we discussed, I have attached a copy of the most recent Certificate
- > of Liability Insurance received by the Division for Hiawatha Mine.
- > This certificate lists U.S. Fuel Company as the Insured effective
- > 4/01/09 - 4/01/10.
- >
- > We have also received Certificates of Liability Insurance that list
- > Hiawatha Mining Company as the Insured. The most recent certificate
- > for Hiawatha Mining Company that we have on file shows an expiration
- > date of 3/03/09.
- >
- > So, we are receiving certificates for two different companies with two
- > different account numbers.
- >
- > I appreciate you looking into this.
- >
- > Thank you,
- > Angela
- > Bond Coordinator
- > angelanance@utah.gov
- >
- >
- >
- >

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE(MM/DD/YYYY) 2/26/2009
PRODUCER YOUNG INSURANCE GROUP LLC 2580 West 4700 South Taylorsville, UT 84118 (801) 417-8088		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.
INSURED Hiawatha Coal Company P.O. Box 1240 Huntington, UT 84528 (435) 687-5777		INSURERS AFFORDING COVERAGE INSURER A: AIG INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC#

COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL 360-21-36	1/1/2009	1/1/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 HIAWATHA COMPLEX ACT 0007/011 KING MINES LISTED AS #4-42-0098, #5-42-01389, #6-42-01599
 COVERAGE IS PROVIDED FOR DAMAGE INCURRED FROM THE USE OF EXPLOSIVES

CERTIFICATE HOLDER DIVISION OF OIL, GAS, & MINING 1594 WEST NORTH TEMPLE BOX 145801 SALT LAKE CITY, UT 84114-5801 ATTN: PAM FAX (801) 359-3940	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL <u>45</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY PERSONAL DELIVERY <u>MAIL</u> . I HEREBY AGREE TO THE CANCELLATION OF LIABILITY OF ANY KIND UPON THE INSURER BY THE SIGNATURE OF REPRESENTATIVE X AUTHORIZED REPRESENTATIVE 
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ACORD25(2001/08)

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