

**OGMCOAL - Fwd: Hiawatha - Insurance Certificate for 2011**

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**From:** Charles Reynolds <charles.reynolds@hiawathacoal.com>  
**To:** Dana Dean <danadean@utah.gov>, <stevedemczak@utah.gov>  
**Date:** 3/7/2011 3:00 PM  
**Subject:** Fwd: Hiawatha - Insurance Certificate for 2011  
**Attachments:** Hiawatha - 2011 GL Certificate.pdf

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Here is Hiawatha's updated insurance certificate. Let me know if this is good or if I need to have them mail a copy directly.

Charles

----- Original Message -----

**Subject:**Hiawatha - Insurance Certificate for 2011

**Date:**Mon, 7 Mar 2011 14:46:46 -0700

**From:**Gary Young <[gvyoung22@hotmail.com](mailto:gvyoung22@hotmail.com)>

**To:**Charles Reynolds <[charles.reynolds@hiawathacoal.com](mailto:charles.reynolds@hiawathacoal.com)>, Mark Reynolds  
<[mark.reynolds@cwmining.com](mailto:mark.reynolds@cwmining.com)>

Charles,

As per your request, Hiawatha's liability policy has been renewed for 2011. Attached is the certificate of liability insurance for the renewal policy. Certificate wording is the same as last year, please review for any needed changes.

Also, I have not sent it to DOGM directly (let me know if you want me to).

Thank you!  
Gary Young

Young Insurance Group LLC  
2580 West 4700 South  
Taylorsville, Utah 84118  
Phone: 801-417-8088 Fax: 801-417-8089  
Email: [gvyoung22@hotmail.com](mailto:gvyoung22@hotmail.com)

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Email scanned by PC Tools - No viruses or spyware found.  
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<http://www.pctools.com>  
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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2011

PRODUCER <b>YOUNG INSURANCE GROUP LLC</b> 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 <b>Hiawatha Coal Company</b>  P.O. Box 1240 Huntington, UT 84528 (435) 687-5777		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: <b>Federal Insurance Company</b>	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

## 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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A		GENERAL LIABILITY	35907576	3/8/2011	3/8/2012	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
	<input type="checkbox"/>	CLAIMSMADE				<input checked="" type="checkbox"/>	OCCUR	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
						GENL AGGREGATE LIMIT APPLIES PER:			
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
		<input type="checkbox"/> HIRED AUTOS							
		<input type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$		
						AUTO ONLY: AGG	\$		
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE	\$		
							\$		
		<input type="checkbox"/> DEDUCTIBLE					\$		
		<input type="checkbox"/> RETENTION \$					\$		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$		
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$		
		OTHER				E.L. DISEASE - POLICY LIMIT	\$		

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: DANA**  
**FAX (801) 359-3940**

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~SEND~~ **EMAIL** TO MAIL **45** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE