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PRICE INSURANCE AGENCY

"All Kinds of Insurance"

Since 1958

54 West Main Street
P.O. Box 871
Price, Utah 84501-0871

(435) 637-3351
Fax (435) 637-0503
Toll Free (800) 464-3351

February 9, 2001

TO: State of Utah
DOGM

ATTN.: Pamela Grubaugh-Littig

FROM: Roy Nikas *rn*

RE: NEICO/Wellington Prep Plant C/007/012

Jelena
Copy Ann
scally

Please find an enclosed certificate of insurance per our previous correspondence, as we have bound coverage for NEICO as permittee of the property.. The certificate indicates an assigned binder number--I will forward you an updated certificate upon receipt of the permanently assigned policy number.

This should resolve any questions regarding the permittee's insurance meeting your requirements. If you have any questions, please don't hesitate in contacting me. Thank you.

CC: Patrick Collins

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 02/09/2001
PRODUCER PRICE INSURANCE AGENCY 54 W. MAIN ST. PO BOX 871 PRICE, UT 84501-0871	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.	
INSURERS AFFORDING COVERAGE		
INSURED NEVADA ELECTRIC INVESTMENT CO. & SIERRA PACIFIC/NEVADA POWER CO. PO BOX 30069 RENO, NV 89520	INSURER A: SCOTTSDALE INSURANCE COMPANY 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BINDER #BW/RN229	02/09/01	02/09/02	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ EXCLUDED
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ EXCLUDED
					PERSONAL & ADV INJURY \$ EXCLUDED
					GENERAL AGGREGATE \$ 600,000
					PRODUCTS - COMP/OP AGG \$ EXCLUDED
					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 \$
					AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS: OTH-ER
					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

XCU COVERAGES ARE INCLUDED IN FORM
 \$1000 DEDUCTIBLE BODILY INJURY/PROPERTY DAMAGE
 LOCATION: WELLINGTON PREPARATION PLANT, PERMIT # C/007/012

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
STATE OF UTAH, DIVISION OF OIL, GAS & MINING 1594 W. NORTH TEMPLE, SUITE #1210 SALT LAKE CITY, UTAH 84114-5801		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY INSURER TO THE MAIL ADDRESS OF THE CERTIFICATE HOLDER OR BY MAIL TO THE INSURED OR BY MAIL TO THE AGENTS OR BROKERS OF THE INSURER. AUTHORIZED REPRESENTATIVE <i>Roy A. Nishan</i>