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1007/09/09 cc: Angela Stave D. 1/22/2009

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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.

**PRODUCER**  
**PRICE INSURANCE AGENCY**  
 54 W. MAIN ST. PO BOX 871  
 PRICE, UT 84501-0871  
 435-637-3351

**INSURED**  
**NEVADA ELECTRIC INVESTMENT CO.,**  
**SIERRA PACIFIC CO., DBA: NV EMERGY**  
**NEVADA POWER CO., DBA: NV ENERGY**  
 PO BOX 98910  
 LAS VEGAS, NV 89151

<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC#</b>
INSURER A: <b>COLONY 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	
						DESCRIPTION	AMOUNT
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	RENEWAL OF GL3645111	02/09/09	02/09/10	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ EXCLUDED	
		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				PERSONAL & ADV INJURY	\$ EXCLUDED
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				GENERAL AGGREGATE	\$ 1,000,000
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE  DEDUCTIBLE RETENTION \$				PRODUCTS - COMP/OP AGG	\$ EXCLUDED
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				COMBINED SINGLE LIMIT (Ea accident)	\$
		DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS				BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EAACC	\$
						AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
						WC STATUTORY LIMITS	
						OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

XCUI COVERAGES ARE INCLUDED IN FORM  
 \$500 DEDUCTIBLE BODILY INJURY/PROPERTY DAMAGE  
 LOCATION: WELLINGTON PREPARATION PLANT, PERMIT # C/007/012

**RECEIVED**  
**JAN 26 2009**

DIV. OF OIL, GAS & MINING

**CERTIFICATE HOLDER**  
 STATE OF UTAH, DIVISION OF  
 OIL, GAS & MINING  
 1594 WEST NORTH TEMPLE SUITE #1210  
 SALT LAKE CITY, UT 84114-5801

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~ENDAVOR~~ **EFFORT** TO MAIL **45** DAYS WRITE NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO ~~SHALL~~ **SHALL NOT** IMPOSE ANY OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
*Monica Jaramillo*