

0019

ARCO Coal Company  
Permits and Compliance Group  
555 Seventeenth Street  
Mailing Address: Box 5300  
Denver, Colorado 80217  
Telephone 303 575 7500



APR 6 1981

April 1, 1981

DIVISION OF  
OIL, GAS & MINING

File ACT/015/004  
ACT/007/016  
ACT/007/017  
Copy to Sally, Gil  
Tom T.

Mr. James W. Smith, Jr.  
Coordinator, Mined Land Development  
Division of Oil, Gas, and Mining  
Department of Natural Resources  
State of Utah  
1588 West North Temple  
Salt Lake City, UT 84116

Dear Mr. Smith:

Please find enclosed a certificate of insurance as required by UMC 782.18 and UMC 806.14 which provides evidence of current liability insurance coverage for Beaver Creek Coal Company operations in the State of Utah. Copies of this certificate have also been included in the permanent program permit applications recently filed for our Utah operations.

If you have any questions concerning this please contact me at (303) 575-7548.

Sincerely,

Ken Wangerud  
Coordinator, Permits and Compliance

Enclosure

cc: M. Robb BCCC w/attachment

KW:blh



INSURANCE COMPANY OF NORTH AMERICA  
GROUP OF INSURANCE COMPANIES  
CERTIFICATE OF INSURANCE

(This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage, limits, terms or conditions of the policies it certifies.)

RECEIVED

APR 6 1981

This is to Certify to

State of Utah  
Dept. of Oil, Gas & Mining  
1589 West North Temple  
Salt Lake City, Utah 84116

- COMPANY CODES
- 2 INA UNDERWRITERS INS. CO. OIL, GAS & MINING
  - 3 INA OF TEXAS
  - 5 PACIFIC EMPLOYERS INS. CO.
  - 9 INSURANCE COMPANY OF NORTH AMERICA
  - A INA INS. CO. OF ILLINOIS
  - B INA INS. CO. OF OHIO
  - (OTHER; - SPECIFY)
- FOLD

that the following described policy or policies, issued by The Company as coded below, providing insurance only for hazards checked by "X" below, have been issued to:

NAME AND ADDRESS OF INSURED: Atlantic Richfield Company, Its subsidiaries and subsidiaries thereof as now or hereinafter constituted, Atlantic Richfield Plaza, 515 So. Flower St., Los Angeles, CA 90071 covering in accordance with the terms thereof, at the following location(s):

Including Beaver Creek Coal Company

TYPE OF POLICY	HAZARDS	CO. CODE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
(a) Standard Workmen's Compensation & Employers' Liability	<input type="checkbox"/>	<input type="checkbox"/>			Statutory W. C. One Accident and Aggregate Disease	
Bodily Injury	Premises—Operations (including "Incidental Contracts" as defined below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SCG 1440 01-01-81 to 01-01-84	\$ See below	Each Person
	Independent Contractors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	Completed Operations/Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Aggregate—Completed Operations/Products
	Contractual, (Specific type as described in footnote below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Property Damage	Premises—Operations (Including "Incidental Contracts" as defined below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SCG 1440 01-01-81 to 01-01-84	\$ See below	Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	Independent Contractors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Aggregate—Prem./Oper.
	Completed Operations/Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Aggregate—Protective
	Contractual, (Specific type as described in footnote below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Aggregate—Completed Operations/Products
Bodily Injury	(c) Automobile Liability			SCA 5343 01-01-81 to 01-01-84	\$	Each Person
	Owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	Hired Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Property Damage	Non-owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SCA 5343 01-01-81 to 01-01-84	\$	Each { <input type="checkbox"/> Accident <input type="checkbox"/> Occurrence
	Owned Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	Hired Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
(d) Coverage includes use of explosives and damage to water wells					\$2,000,000 Combined Single Limit	

Contractual Footnote: Subject to all the policy terms applicable, specific contractual coverage is provided as respects

(Check)  a contract  
(Applicable)  purchase order agreements } between the Insured and:  
(Block)  all contracts

It is the intention of the company that in the event of cancellation of the policy or policies by the company, ten (10) days' written notice of such cancellation will be given to you at the address stated above.

NAME OF OTHER PARTY

DATE (if applicable)

CONTRACT NO. (if any)

DESCRIPTION (OR JOB)

Definitions: "Incidental contract" means any written (1) lease of premises (2) easement agreement, except in connection with construction or demolition operations on or adjacent to a railroad, (3) undertaking to indemnify a municipality required by municipal ordinance, except in connection with work for the municipality, (4) sidetrack agreement, or (5) elevator maintenance agreement.

Authorized Representative