

0008

Beaver Creek Coal Company  
P.O. Box AU  
Price, Utah 84501  
Telephone 801 637-5050



ACI/007/022

November 7, 1983

Pamela Grubaugh - Littig  
Reclamation Engineer  
Utah Division of Oil, Gas & Mining  
4241 State Office Bldg.  
Salt Lake City, Utah 84114

RE: Certificate of Liability Insurance Forms

Dear Ms. Littig:

Enclosed are completed copies of the certificate of liability insurance forms as requested in your letters of 10/3/83.

If you have any questions or need any further information, please let me know.

Respectfully,

Dan W. Guy  
Manager of Permitting and  
Compliance

cc: File

DG/cn

**RECEIVED**

NOV 9 1983

DIVISION OF  
OIL, GAS & MINING

(COAL)

*File*  
*C.V. Spur*  
*ACT/007/022*  
*Copy to Riles, Pam*

**CERTIFICATE OF LIABILITY INSURANCE**

Issued to: State of Utah  
Department of Natural Resources  
Division of Oil, Gas, and Mining

THIS IS TO CERTIFY, That the Insurance Company of North America  
(Name of Insurance Company)  
of 1600 Arch Street, Philadelphia, Pennsylvania 19191  
(Home Office Address of Company)  
has issued to Beaver Creek Coal Company of  
(Name of Permit Applicant)  
P.O. Box Au, Price, Utah, 84501 Policy No. SCG GO 00 41 69-5  
(Address of Permit Applicant)

effective from January 1 19, 83 and continuing until cancelled,  
nonrenewed, or changed as provided herein, which policy provides personal  
injury and property damage insurance covering the obligations imposed upon  
such permit applicant with regard to Permit No. Act/007/022, Folder #2 according  
to provisions of the coal mining and reclamation program of Utah, (Utah Code  
Annotated 40-10-1 et seq.), specifically Section UMC/SMC 806.14.

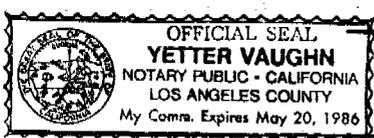
Underwriting Agent: Robert Oserin  
Company Name: Johnson & Higgins of Calif. Phone: (213) 552-5934  
Address: 2029 Century Park East, Los Angeles, Calif. 90067

The above-named insurance company agrees to notify the Division in writing  
of any substantive change in the above coverage, including cancellation,  
failure to renew, or other material change. No change shall be effective  
until at least thirty (30) days after such notice is received by the Division.

The undersigned affirms that the above information is true and complete to  
the best of his or her knowledge and belief, and that he or she is an  
authorized representative of the above-named insurance company.

11-3-83 Martha Jo Morehouse Account Manager  
(Date, Signature, and Title of Authorized Representative of Insurance Company)

Signed and sworn to before me by Martha Jo Morehouse this the 3rd  
day of November, 19 83.



Yetter Vaughn  
(Notary)

My Commission Expires: