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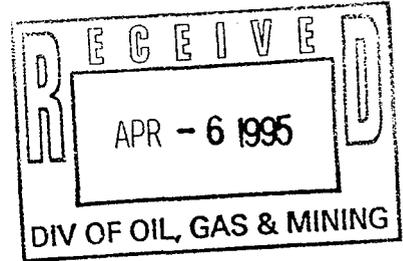
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Joe*



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file
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and PAM*

WILLIAM GALLAGHER ASSOCIATES

April 5, 1995



Division of Oil, Gas & Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, UT 84180

RE: Sunnyside Cogeneration Associates

To Whom it May Concern:

Enclosed please find a Certificate of Insurance for Sunnyside Cogeneration Associates for their renewal effective 3/25/95-96.

Very truly yours,

Kim Wilson
Kimberly A. Wilson
Account Representative

KAW/tns

Enclosure

cc: Robert J. Bothwell
Minet Gallagher Associates

Mary A. Fish
Minet Gallagher Associates

CERTIFICATE OF INSURANCE:

CSR 08 04/05/95

PRODUCER
William Gallagher Associates
 200 State Street
 Boston, MA
 02109-
 PHONE 617-261-6700

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.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A **Federal Insurance Company**
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

INSURED
Sunnyside Cogeneration Assoc.
 c/o Adport Risk Services
 639 Loyola Ave., Suite 2400
 New Orleans, LA
 70113

> COVERAGES <===== THIS IS TO CERTIFY THAT 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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. =====>

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE 2,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY [] CLAIMS MADE [X] OCC. [] OWNERS'S & CONTRACTOR'S PROTECTIVE [] []	3710-68-78	03/25/95	03/25/96	PROD-COMP/OP AGG. 2,000,000 PERS. & ADV. INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (ANY ONE FIRE) 100,000 MED. EXPENSE (ANY ONE PERSON) 10,000
	AUTOMOBILE LIAB [] ANY AUTO [] ALL OWNED AUTOS [] SCHEDULED AUTOS [] HIRED AUTOS [] NON-OWNED AUTOS [] GARAGE LIABILITY []				COMB. SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM [] OTHER THAN UMBRELLA FORM	7973-17-85	03/25/95	03/25/96	EACH OCCURRENCE 10,000,000 AGGREGATE 10,000,000
	WORKERS' COMP AND EMPLOYERS' LIAB				STATUTORY LIMITS EACH ACCIDENT DISEASE-POL. LIMIT DISEASE-EACH EMP.
A	OTHER ALL RISK PROPERTY	3710-68-78	03/25/95	03/25/96	BLDG/PPI. \$82500000 FL/QUAKE \$10000000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
CARBON COUNTY, UTAH.

SUNNYSIDE COGENERATION PROJECT

> CERTIFICATE HOLDER <===== CANCELLATION <=====
 = SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

DIVISION OF OIL GAS & MINING
 355 WEST NORTH TEMPLE
 3 TRIAD CENTER, SUITE 350
 SALT LAKE CITY, UT
 84180

ACORD 25-S (7/90)

= AUTHORIZED REPRESENTATIVE
 =
Robert Bothwell

William W. Gallagher