



MEYERS-REYNOLDS & ASSOCIATES, INC.

1230 N. Robinson  
Oklahoma City, Oklahoma 73103-4820  
(405) 235-6633 FAX (405) 235-6634

0025

FACSIMILE DOCUMENT

PLEASE  
DELIVER  
IMMEDIATELY

TO	SunnySide Cogeneration	DATE	8-14-00
ATTN.	Pam Grubaugh		801-359-3940
FROM	M-R Barbara Castle		
RE.	Certs.		

*Incoming -  
Aet/08/035*

*2 certs attached*

*1 of 3*

*Fireproof -  
Green Binders  
SIO & PFO*

*7/14 PFO*

PAGE 1 OF 3

FAX NO. (405) 235-6634

ATTACHMENTS \_\_\_\_\_

**ACORD. EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YY)  
08/14/2000

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER <b>Meyers-Reynolds &amp; Assoc., Inc</b> 1230 N. Robinson Oklahoma City, OK 73103 (405)235-6633 FAX(405)235-6634		COMPANY <b>HARTFORD STEAM BOILER</b>	
CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID #: _____ INSURED <b>SUNNYSIDE COGENERATION ASSOC.</b> <b>C/O CONSTELLATION ENERGY GROUP</b> <b>250 W. PRATT ST., 20TH FLOOR</b> <b>BALTIMORE MD 21201</b>		LOAN NUMBER _____	POLICY NUMBER <b>UNI7701495</b>
		EFFECTIVE DATE <b>07/01/00</b>	EXPIRATION DATE <b>07/01/01</b>
		CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
		THIS REPLACES PRIOR EVIDENCE DATED: <b>07/28/00</b>	

**PROPERTY INFORMATION**

LOCATION/DESCRIPTION

**COMMERCIAL PROPERTY, BOILER & MACHINERY AND BUSINESS INTERRUPTION COVERAGE FOR A COGENERATION PLANT LOCATED: ONE POWER PLANT ROAD, SUNNYSIDE, UT 84539**

**COVERAGE INFORMATION**

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
ALL RISK, REPLACEMENT COST, COMBINED PROPERTY DAMAGE AND BOILER & MACHINERY - AGREED AMOUNT.	151929179	50,000
BUSINESS INTERRUPTION FOR A 12 MONTH PERIOD	20,266,849	
FLOOD	151929179	
EARTHQUAKE	151929179	
ACCOUNTS RECEIVABLE	5,000,000	
VALUABLE PAPERS	5,000,000	
TRANSMISSION & DISTRIBUTION LINES	1,500,000	

**REMARKS (including Special Conditions)**

RE: PERMIT # ACT/007/035 \$50,000 DED. APPLIES WITH THE EXCEPTION OF \$100,000 STEAM TURBINE/GENERATOR & \$100,000 TRANSFORMER; BUSINESS INTERRUPTION DED. IS A 30 DAY WAITING PERIOD. EARTHQUAKE DED. -MIN.5% OR \$250,000 WHICHEVER IS GREATER-CERT HOLDER IS LOSS PAYEE & ADD. INS.

**CANCELLATION**

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 60 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

**ADDITIONAL INTEREST**

NAME AND ADDRESS	MORTGAGEE	<input checked="" type="checkbox"/>	ADDITIONAL INSURED
	LOSS PAYEE	<input type="checkbox"/>	
DEPT. OF OIL, GAS & MINING (DOG M) ATTN: PAM GRUBAUGH - LITTIG P.O. BOX 145801 SALT LAKE CITY UT 84414-5801			
LOAN #		AUTHORIZED REPRESENTATIVE	
			

# AGORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

08/14/2000

**PRODUCER**

Meyers-Reynolds & Assoc., Inc  
 1230 N. Robinson  
 Oklahoma City, OK 73103  
 (405)235-6633 FAX(405)235-6634

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 WAUSAU UNDERWRITERS INS. CO.**
- COMPANY LETTER **B EMPLOYERS INS. CO. OF WAUSAU**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**

SUNNYSIDE COGENERATION ASSOC.  
 C/O CONSTELLATION ENERGY GROUP  
 250 W. PRATT STREET, 20TH FLOOR  
 BALTIMORE, MD 21201

**COVERAGES**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	0831 00 007868	08/01/00	08/01/01	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS' & CONTRACTOR'S PROT.				PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED. EXPENSE (Any one person) \$ 10,000
B	<b>AUTOMOBILE LIABILITY</b>	0831 04 007868	08/01/00	08/01/01	COMBINED SINGLE LIMIT \$
	<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 <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
B	<b>EXCESS LIABILITY</b>	0831 04 007868	08/01/00	08/01/01	EACH OCCURRENCE \$25,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$25,000,000
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS
	<b>OTHER</b>				EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED.  
 RE: PERMIT # ACT/007/035

**CERTIFICATE HOLDER**

DEPT. OF OIL, GAS & MINING (DOG M)  
 ATTN: PAM GRUBAUGH - LITTIG  
 P.O. BOX 145801  
 SALT LAKE CITY UT 84114-5801

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 60 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.

**AUTHORIZED REPRESENTATIVE**

*Barbara Castle*

AGORD 2-1-9 (1/99)

AGORD CORPORATION 1999