

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 Merrills-Reynolds & Assoc., Inc 1250 N. Robinson Oklahoma City, OK 73103 (405)235-6633 FAX (405)235-6634		PHONE (A/C, No, Ext): 0026	COMPANY HARTFORD STEAM BOILER	
CODE: AGENCY CUSTOMER ID #:		SUB CODE:		Loan Number: _____ Policy Number: UNI7701435
INSURED SUNNYSIDE COGENERATION ASSOC. C/O CONSTELLATION ENERGY GROUP 250 W. PRATT ST., 20TH FLOOR BALTIMORE MD 21201		EFFECTIVE DATE 07/01/00	EXPIRATION DATE 07/01/01	
THIS REPLACES PRIOR EVIDENCE DATED: 07/28/00				

Final proof file Act 007/035 Permit Binda

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/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	
EARTHQUAKE	151929179	
ACCOUNTS RECEIVABLE	151929179	
VALUABLE PAPERS	5,000,000	
TRANSMISSION & DISTRIBUTION LINES	5,000,000	
	1,500,000	

RECEIVED
 AUG 18 2000
 DIVISION OF OIL, GAS AND MINING

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
DEPT. OF OIL, GAS & MINING (DOGMA) ATTN: PAM GRUBAUGH - LITTIG P.O. BOX 145801 SALT LAKE CITY UT 84414-5801	LOSS PAYEE	<input type="checkbox"/>	
	LOAN # _____		
AUTHORIZED REPRESENTATIVE <i>Barbara Castle</i>			

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	0831 00 007868	08/01/00	08/01/01	GENERAL AGGREGATE \$ 2,000,000 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 COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	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 <input type="checkbox"/> GARAGE LIABILITY				EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	0831 04 007868	08/01/00	08/01/01	
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				

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 DIVISION OF
 OIL, GAS AND MINING

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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

CERTIFICATE HOLDER

DIVISION OF OIL, GAS & MINING (DOGMA)
 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