ACORD CERTIFICATE OF INSURANCE

Copy Green Binder

ISSUE DATE (MM/DD/YY) 08/08/2001

PRODUCER

Meyers-Reynolds & Associates
1230 North Robinson
Oklahoma City, Ok 73103
405-235-6633/405-235-6634

0018

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	LIBERTY MUTUAL FIRE INS. CO.
COMPANY LETTER	B	LIBERTY MUTUAL INSURANCE CO.
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					
	X COMMERCIAL GENERAL LIABILITY	TB2-691-518993-011	08/01/01	08/01/02	GENERAL AGGREGATE	$ 2,000,000
	CLAIMS MADE X OCCUR.				PRODUCTS-COMP/OP AGG.	$ 2,000,000
	OWNER'S & CONTRACTOR'S PROT.				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
	AUTOMOBILE LIABILITY					
	ANY AUTO				COMBINED SINGLE LIMIT	$
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY				PROPERTY DAMAGE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$25,000,000
B	X UMBRELLA FORM	TH1-691-518993-081	08/01/01	08/01/02	AGGREGATE	$25,000,000
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE - POLICY LIMIT	$
					DISEASE - EACH EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED.
RE: PERMIT # ACT/037/035

CERTIFICATE HOLDER

DEPT. OF OIL, GAS & MINING (DOGM)
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 ~~[illegible]~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER ~~NAMED TO THE [illegible] OR [illegible] OR [illegible] OR ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES~~

AUTHORIZED REPRESENTATIVE

Lee Reynolds

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