

Document Information Form

Mine Number: C/007/0038

File Name: Incoming

To: DOGM

From:

Person N/A

Company ACORD

Date Sent: July 3, 1995

Explanation:

Certificate of Insurance

cc:

File in: C/007, 0038, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

28-JUN-1995

PRODUCER
 Willis Corroon Corporation of Ohio 18561
 655 Metro Place South
 Suite 600
 PO Box 7157
 Dublin OH 43017
 (614) 766-8900
 Contact : Heidi V. Elder

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.

~~EXP 007/038~~ #4

COMPANIES AFFORDING COVERAGE

Copy from

- COMPANY LETTER **A** United States Fire Insurance Company
- COMPANY LETTER **B** Energy Insurance (Bermuda) Ltd.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
 American Electric Power Company, Inc. and subsidiaries,
 1 Riverside Plaza
 P.O. Box 16631
 Columbus OH 43216-6631

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 checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	5410180089	01-JUL-1995	01-JUL-1996	GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS-COMP/OP AGG. \$ 1,000,000
					PERSONAL & ADV. INJURY \$ 250,000
					EACH OCCURRENCE \$ 250,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	1380165633	01-JUL-1995	01-JUL-1996	COMBINED SINGLE LIMIT \$ 250,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
B	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	P03-95-02	01-JUL-1995	01-JUL-1996	EACH OCCURRENCE \$ 4,750,000 AGGREGATE \$ 20,000,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$
	OTHER				

RECEIVED
 JUL 03 1995
 DIV. OF OIL, GAS & MINING

File in:
 Confidential
 Shelf
 Expandable
 Refer to Record No. 0019 Date 7-3-95
 In C/ 007, 0038, Incoming
 For additional information

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THIS CERTIFICATE MAY BE RELIED UPON ONLY IF THE OPERATIONS ATTACHMENT REFERRED TO HEREIN IS ATTACHED.

CERTIFICATE HOLDER

Division of Oil Gas and Mining
 State of Utah
 Attn: Harold Sandbeck
 3 Triad Center, Ste. 350
 Salt Lake City UT 84187

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

Heidi V. Elder

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

28-JUN-1995

PRODUCER
 Willis Corroon Corporation of Ohio 18561
 655 Metro Place South
 Suite 600
 PO Box 7157
 Dublin OH 43017
 (614) 766-8900
 Contact : Heidi V. Elder

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INSURED
 American Electric Power Company, Inc. and subsidiaries,
 1 Riverside Plaza
 P.O. Box 16631
 Columbus OH 43216-6631

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	<input type="checkbox"/> UMBRELLA FORM				
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	OTHER				

RECEIVED
 JUL 03 1995
 DIV. OF OIL, GAS & MINING

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THIS CERTIFICATE MAY BE RELIED UPON ONLY IF THE DESCRIPTION OF OPERATIONS ATTACHMENT REFERRED TO HEREIN IS ATTACHED HERETO.

CERTIFICATE HOLDER

Division of Oil Gas and Mining
 State of Utah
 Attn: Harold Sandbeck
 3 Triad Center, Ste. 350
 Salt Lake City UT 84187

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

Heidi V. Elder



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

DESCRIPTION OF OPERATIONS ATTACHMENT

PAGE 1 OF 1 | 28-JUN-1995

PRODUCER

Willis Corroon Corporation of Ohio
655 Metro Place South
Suite 600
PO Box 7157
Dublin OH 43017
(614) 766-8900
Contact : Heidi V. Elder

18561

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	United States Fire Insurance Company
COMPANY LETTER	B	Energy Insurance (Bermuda) Ltd.
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COMPANY LETTER	E	

INSURED

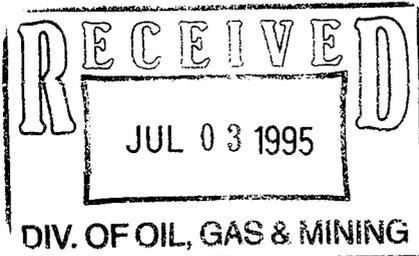
American Electric Power Company, Inc. and subsidiaries,
1 Riverside Plaza
P.O. Box 16631
Columbus OH 43216-6631

THIS DESCRIPTION OF OPERATIONS ATTACHMENT MAY BE RELIED UPON ONLY IF THE CERTIFICATE REFERRED TO HEREIN IS ATTACHED HERETO.

Certificate Holder : Division of Oil Gas and Mining

Per Ohio Revised Code Section 3999.21, as enacted by House Bill 347,
"ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING
A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING
A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

INSURED INCLUDES: BLACKHAWK COAL CO.



WILLIS CORROON



Willis Corroon
Corporation of
Ohio
Insurance
Surety
Benefits
Risk Management
655 Metro Place South
Suite 600
Dublin, Ohio 43017
(614)766-8900
Fax (614)766-8999

RE: CERTIFICATE OF INSURANCE

INSURED: AMERICAN ELECTRIC POWER COMPANY, INC.

I AM ENCLOSING A CERTIFICATE OF INSURANCE ISSUED ON BEHALF OF OUR CLIENT, AMERICAN ELECTRIC POWER COMPANY, INC.

IF YOU HAVE ANY QUESTIONS REGARDING THE ENCLOSED, PLEASE FEEL FREE TO CONTACT:

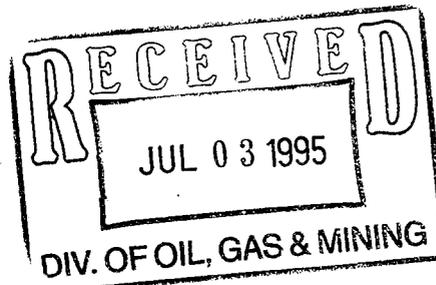
SUE KASSON AT AEP (614) 223-1087 OR
CRAIG MOORE AT AEP (614) 223-1088

Sincerely,

Gary L. Friedhoff, ARM
Executive Vice President and
Chief Executive Officer

GLF/hve

Enclosure



Certificate of Insurance

Original

*To firepro
PRO/007/038
Copy to #4 SPAM*

TO: State of Utah
Address: Division of Oil and Gas
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, UT 84180

Date: March 29, 1995
Re:

This is to certify that the policies designated below are in force on the date borne by this Certificate.

NAME OF INSURED: Cyprus Amax Minerals Company
9100 East Mineral Circle
Address: Englewood, CO 80112

TYPE OF INSURANCE	POLICY #	POLICY PERIOD	POLICY LIMITS/VALUES
A) Commercial General Liability - Claims Made - Retro Date 4/1/94 a) All States b) Texas	GL3197125 GL3197127	04/01/94 - 07/01/95	\$6,000,000 General Aggregate \$6,000,000 Product/Completed Operations Aggregate \$2,000,000 Personal and Advertising Injury \$2,000,000 Each Occurrence \$2,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
B) Auto Liability a) All States b) Texas	CA1431816 CA1431819	04/01/94 - 07/01/95	\$2,000,000 CSL Each Occurrence

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by those policy(ies) numbered above and issued by companies listed below.

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, or upon this agency.

SEVERAL LIABILITY NOTICE (LSW 1001)

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

INSURANCE COMPANY(IES) ISSUING COVERAGE:

A)&B) National Union Fire Insurance Company
of Pittsburgh PA



2000 Bering Dr., Suite 900
Houston, Texas 77057
P.O. Box 36429
Houston, Texas 77236-6429
Phone: 713/783-6640
Telecopier: 713/783-7241

By *[Signature]*