

0015



State of Utah

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Norman H. Bangert
Governor
Dee C. Hansen
Executive Director
Dianne R. Nielson, Ph.D.
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340

September 17, 1991

Mr. Lee Edmonson
CALMAT Company
Properties Division
1801 East University Drive
Phoenix, Arizona 85034

Dear Mr. Edmonson:

Re: Mine Name and Explosives Coverage on Certificate of Insurance, Hidden Valley Coal Company, Hidden Valley Mine, ACT/015/007, Folder #4, Emery County, Utah

Attached please find a copy of the Certificate of Insurance for the Hidden Valley Coal Mine. The mine name and explosives coverage should be included on this Certificate. Please resubmit this Certificate of Insurance with these corrections by October 25, 1991. Thank you.

Sincerely,

A handwritten signature in cursive script, reading "Pamela Grubaugh-Littig".

Pamela Grubaugh-Littig
Permit Supervisor

PGL/jbe
Attachment
AT015007

Original Fireproof file; ACT/015/000 # 4 - Copy FARM

ACORD. CERTIFICATE OF INSURANCE # 6358 ISSUE DATE (MM/DD/YY) **7/19/91**

PRODUCER
Marsh & McLennan Incorporated
 3303 Wilshire Boulevard
 Los Angeles, CA 90010

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	TRANSPORTATION INSURANCE CO
COMPANY LETTER B	INDUSTRIAL INDEMNITY CO
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

CODE _____ **SUB-CODE** _____

INSURED
CalMat Co.
Hidden Valley Coal Company
 P. O. Box 2950
 Terminal Annex
 Los Angeles, CA 90051

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)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	GL707415956	7/01/91	7/01/92	GENERAL AGGREGATE	\$ 2000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 1000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY	\$ 1000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1000
	<input checked="" type="checkbox"/> General Agg. is per loc/project				FIRE DAMAGE (Any one fire)	\$ 1000
					MEDICAL EXPENSE (Any one person)	\$ 10
A	AUTOMOBILE LIABILITY	BUA 20 7415953	7/01/91	7/01/92	COMBINED SINGLE LIMIT	\$ 1000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY					
B	EXCESS LIABILITY	JU9109447	7/01/91	7/01/92	EACH OCCURRENCE	\$ 4000
	<input checked="" type="checkbox"/> UMBRELLA EXCESS				AGGREGATE	\$ 4000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	
					\$ (EACH ACCIDENT)	
					\$ (DISEASE-POLICY LIMIT)	
					\$ (DISEASE-EACH EMPLOYEE)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
 RE: Hidden Valley Coal Company, ACT# 015-007.

CERTIFICATE HOLDER
 Division of Oil, Gas & Mining
 State of Utah
 355 W. North Temple
 3 Triad Center, Suite 350
 Salt Lake City, UT 84180-1203

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
 AUTHORIZED REPRESENTATIVE