0013

Form B (Additional Insured)

Certificate Number: **69584**

ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED
Hamilton, Bermuda

Fireproof [redacted]

CERTIFICATE OF INSURANCE
(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED	PacifiCorp dba Pacific Power & Light and dba Utah Power & Light			
PRINCIPAL ADDRESS	825 NE Multnomah, #1770, Portland, Oregon 97232			
POLICY NUMBER	X0296A1A99	POLICY PERIOD	From:	4/01/00
			To:	8/01/00
RETROACTIVE DATE:	December 24, 1986			
DESCRIPTION OF COVERAGE:	Claims-First-Made Excess Liability Policy covering claims for Bodily Injury, Property Damage and Personal Injury arising from the operations described below.			
LIMIT OF LIABILITY:	$35,000,000 per occurrence and in the aggregate, where applicable.			
ADDITIONAL INSURED:	The Certificate Holder is an Additional Insured under the Policy but only (I) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under the following contract: **Trail Mountain Mine: ACT/015/009** And (ii) with respect to the following operations: **Damage to explosions is covered. Insurance Company will notify State of Utah of any changes or cancellation.**			

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: 03/29/2000

Certificate Holder

ISSUED TO: The State of Utah, Dept. of Natural Resources
ADDRESS: Division of Oil and Gas
356 West North Temple
Salt Lake City, UT 84180-1203

AEGIS INSURANCE SERVICES, INC.

BY: Sandra A. Johnson
At Jersey City, New Jersey

9001 (8/87)
Copies: White-Certificate Holder; Canary-Aegis Insurance Services, Inc.; Pink-Insured; Goldenrod-Broker

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER: 0007002-00009

PRODUCER

Marsh USA Inc.
111 S.W. Columbia
Portland, OR 97201

Darryl W. Hill (503) 248-4885

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

INSURED

PacifiCorp dba Pacific Power
& Light and dba Utah Power
& Light
825 NE Multnomah, #1770
Portland, OR 97232

COMPANIES AFFORDING COVERAGE

COMPANY A: ASSOC ELEC & GAS INS SVCS LTD

COMPANY B:

COMPANY C:

COMPANY D:

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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**	X0296A1A99	2/24/99	8/01/00	GENERAL AGGREGATE	$ 2,000,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	$
	X CLAIMS MADE ☐ OCCUR				PERSONAL & ADV INJURY	$
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$ 2,000,000
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	ANY AUTO				BODILY INJURY (Per person)	$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS				PROPERTY DAMAGE	$
	HIRED AUTOS					
	NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
A	**EXCESS LIABILITY**	X0296A1A99	2/24/99	8/01/00	EACH OCCURRENCE	$ 35,000,000
	UMBRELLA FORM				AGGREGATE	$ 35,000,000
	X OTHER THAN UMBRELLA FORM					$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS / OTHER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ INCL ☐ EXCL				EL EACH ACCIDENT	$
					EL DISEASE - POLICY LIMIT	$
					EL DISEASE - EA EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

DAMAGE DUE TO EXPLOSIVES IS COVERED. INSURANCE COMPANY WILL NOTIFY THE STATE OF UTAH OF CHANGES OR CANCELLATION - TRAIL MOUNTAIN MINE ACT/015/009

CERTIFICATE HOLDER

State of Utah, Dept. of
Natural Resources, Division of
356 W North Temple
Salt Lake City, UT 84180-1203

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ~~ENDEAVOR TO~~ MAIL 45 * DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES~~.

~~Marsh USA Inc.~~
BY: Sandra K. Olsson

JHMM1 (2/98) VALID AS OF: 3/27/00

(* 10 DAYS FOR NON-PAYMENT)

CERTIFICATE OF LIABILITY INSURANCE
Issued to:
State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited
(Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda
(Home Office Address of Insurance Company)

HAS ISSUED TO

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

TRAIL MOUNTAIN MINE
(Mine Name)

ACT/015/009
(Permit Number)

CERTIFICATE OF INSURANCE:

X0296A1A99
(Policy Number)

2-24-1999/08-01-2000
(Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per R645-301-890 Terms and Conditions for Liability Insurance:

A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any persons injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be $300,000 for each occurrence and $500,000 aggregate.

B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Sandra A. Johnson
(Agent's Name)

(201) 521-4658
(Phone)

AEGIS Insurance Services
(Company Agent's Name)

10 Exchange Place
(Mailing Address)

Jersey City, NJ 07302
(City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent or officer.)

3/28/00 Sandra A. Johnson, Vice President, AEGIS Insurance Services, Inc.
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Sandra Johnson
this 28th day of March, 2000

Linda Sue Marchesano
(Signature)

LINDA SUE MARCHESANO
Notary Public of New Jersey
My Commission Expires June 10, 2003

My commission Expires: _____
(Date)