



1407 W. North Temple, Suite 310  
Salt Lake City, UT 84116

Incoming  
C0150009  
C0150017  
C0150018  
C0150019

cc: Ken  
Steve Demczak  
Karl

**HAND DELIVERED**

September 27, 2012

RECEIVED

SEP 27 2012

DIV. OF OIL, GAS & MINING

Daron Haddock  
Environmental Manager  
**Division of Oil, Gas & Mining**  
**Utah Department of Natural Resources**  
1594 West North Temple - Suite 1210  
P.O. Box 145801  
Salt Lake City, Utah 84114-145801

**RE: Certificates of Liability Insurance, Policy No.,  
Des-Bee-Dove Mine C/015/0017, Deer Creek Mine C/015/0018,  
Cottonwood Mine C/015/0019, Trail Mountain Mine C/015/0009  
Policy Period from 10-1-2012 to 10-1-2013; Folder #2, Emery County, Utah**

Dear Daron:

Enclosed are replacement liability insurance certificates for the referenced coal mine operations under a new policy number for the policy period of October 1, 2012 to October 1, 2013.

Should you have any questions or concerns, please feel free to contact me at 801-220-4612.

Sincerely,

Scott M. Child  
Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2012-06(certs).doc

cc: C. Crane – IMC w/copy encl.  
R. Poulson, C. Semborski, K. Fleck, D. Oakley, G. Davis – EWMC w/copy encl.  
M. Reed – NTO 330 w/copy encl.

**EXHIBIT "C"**

**LIABILITY INSURANCE CERTIFICATE**

**DES-BEE-DOVE MINE**

**C/015/0017**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/25/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Omaha NE Office 11213 Davenport Suite 201 Omaha NE 68154 USA	<b>CONTACT NAME:</b> PERSON (A/C. No. Ext): (402) 697-1400      FAX (A/C. No.): (402) 697-0017		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> PacifiCorp db Pacific Power, Rocky Mountain Power and PacifiCorp Energy 825 NE Multnomah, #400 Portland OR 97232 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b> AA3190004
	INSURER A: Assoc Electric & Gas Ins Serv Ltd -AEGIS		
	INSURER B:		
	INSURER C:		
	INSURER E:		
	INSURER F:		

**COVERAGES**      **CERTIFICATE NUMBER: 570047556115**      **REVISION NUMBER:**

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.      **Limits shown are as requested**

INSUR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			Excess Liability \$35M SIR applies per policy terms & conditions	10/01/2012	10/01/2013	EACH OCCURRENCE      \$35,000,000 AGGREGATE              \$35,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation.  
 Re: DES/BEE/DOVE: C/015/0017

<b>CERTIFICATE HOLDER</b>  State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

Holder Identifier :

Certificate No : 570047556115



**ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED**  
Hamilton, Bermuda

**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, Rocky Mountain Power and PacifiCorp Energy

**PRINCIPAL ADDRESS:** 825 NE Multnomah, #400, Portland, Oregon 97232

**POLICY NUMBER:** **POLICY** From: October 1, 2012  
**PERIOD:** To: October 1, 2013

**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:** \$ 20,000,000 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:  
**Des/Bee/Dove: C/015/0017**  
and (ii) with respect to the following operations:  
**Damage due to the use of explosives and subsidence is covered. Insurance Company will notify State of Utah of any changes or cancellation.**

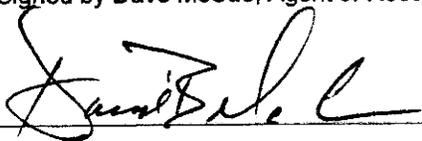
Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, ~~but failure to give such notice will impose no obligation or liability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

**DATE:** September 25, 2012

**ISSUED TO:** The State of Utah, Dept. of Natural Resources ("Certificate Holder")  
Division of Oil, Gas & Mining  
**ADDRESS:** 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy  
Signed by Dave McCue, Agent of Record

AEGIS INSURANCE SERVICES, INC.



BY:   
At East Rutherford, New Jersey



- 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:

Mel Butts  
(Agent's Name)

201-508-2779  
(Phone)

AEGIS Insurance Services  
(Company Agent's Name)

1 Meadowlands Plaza  
(Mailing Address)

East Rutherford, NJ 07073  
(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 of officer).

9/25/12 Mel Butts V.P. U/W  
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Mel Butts

This 25<sup>th</sup> day of September, 2012

Denise A. Marks  
(Signature)

My commission Expires: June 10, 2013  
(Date)

DENISE A. MARKS  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES JUNE 10, 2013

**EXHIBIT "C"**

**LIABILITY INSURANCE CERTIFICATE**

**DEER CREEK MINE**

**C/015/0018**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/25/2012

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**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

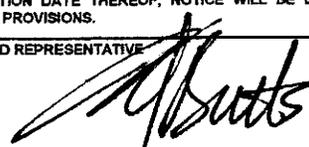
<b>PRODUCER</b> Aon Risk Services Central, Inc. Omaha NE Office 11213 Davenport Suite 201 Omaha NE 68154 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (402) 697-1400      FAX (A/C. No.): (402) 697-0017		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> PacifiCorp db Pacific Power, Rocky Mountain Power and PacifiCorp Energy 825 NE Multnomah, #400 Portland OR 97232 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Assoc Electric & Gas Ins Serv Ltd -AEGIS		AA3190004
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**      **CERTIFICATE NUMBER:** 570047556119      **REVISION NUMBER:**

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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			Excess Liability \$35M SIR applies per policy terms & conditions	10/01/2012	10/01/2013	EACH OCCURRENCE      \$35,000,000 AGGREGATE      \$35,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC <input type="checkbox"/> STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation.  
Re: Deer Creek: C/015/0018

<b>CERTIFICATE HOLDER</b>  State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 

Holder Identifier :

Certificate No : 570047556119



**ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED**  
Hamilton, Bermuda

**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, Rocky Mountain Power and PacifiCorp Energy

**PRINCIPAL ADDRESS:** 825 NE Multnomah, #400, Portland, Oregon 97232

**POLICY NUMBER:** **POLICY** From: October 1, 2012  
**PERIOD:** To: October 1, 2013

**DESCRIPTION OF COVERAGE:** Excess Liability Policy covering claims for Bodily Injury, Property Damage and Personal Injury arising from the operations described below.

**LIMIT OF LIABILITY:** \$ 20,000,000 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:  
**Deer Creek: C/015/0018**  
and (ii) with respect to the following operations:  
**Damage due to the use of explosives and subsidence 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.

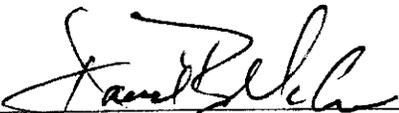
**DATE:** September 25, 2012

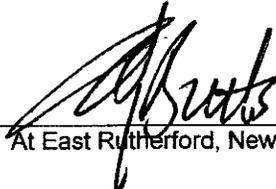
**ISSUED TO:** The State of Utah, Dept. of Natural Resources ("Certificate Holder")  
Division of Oil, Gas & Mining

**ADDRESS:** 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy  
Signed by Dave McCue, Agent of Record

AEGIS INSURANCE SERVICES, INC.



BY:   
At East Rutherford, New Jersey

**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)

DEER CREEK  
(Mine Name)

C/015/0018  
(Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number) 10/01/2012 – 10/01/213  
(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 person's 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:

Mel Butts  
(Agent's Name)

201-508-2779  
(Phone)

AEGIS Insurance Services  
(Company Agent's Name)

1 Meadowlands Plaza  
(Mailing Address)

East Rutherford, NJ 07073  
(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 of officer).

9/25/2012 Mel Butts V.P. U/W  
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Mel Butts

This 25<sup>th</sup> day of September, 2012

Denise A. Marks  
(Signature)

My commission Expires: June 10, 2013  
(Date)

DENISE A. MARKS  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES JUNE 10, 2013

**EXHIBIT “C”**

**LIABILITY INSURANCE CERTIFICATE**

**COTTONWOOD/WILBERG MINE**

**C/015/0019**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/25/2012

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<b>PRODUCER</b> Aon Risk Services Central, Inc. Omaha NE Office 11213 Davenport Suite 201 Omaha NE 68154 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (402) 697-1400      FAX (A/C. No.): (402) 697-0017		
	<b>E-MAIL ADDRESS:</b>		
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	INSURER A: Assoc Electric & Gas Ins Serv Ltd AEGIS		AA3190004
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**      **CERTIFICATE NUMBER: 570047556118**      **REVISION NUMBER:**

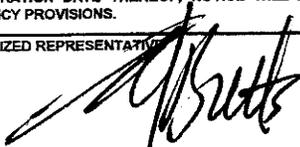
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	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			Excess Liability \$35M SIR applies per policy terms & conditions	10/01/2012	10/01/2013	EACH OCCURRENCE      \$35,000,000 AGGREGATE                \$35,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> WC <input type="checkbox"/> STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation.  
 Re: Cottonwood/Wilburg: C/015/0019

### CERTIFICATE HOLDER

### CANCELLATION

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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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:

Mel Butts  
(Agent's Name)

201-508-2779  
(Phone)

AEGIS Insurance Services  
(Company Agent's Name)

1 Meadowlands Plaza  
(Mailing Address)

East Rutherford, NJ 07073  
(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 of officer).

9/25/2012 Mel Butts V.P. U/W  
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Mel Butts

This 25<sup>th</sup> day of September, 2012

Denise A Marks  
(Signature)

My commission Expires: June 10, 2013  
(Date)

DENISE A. MARKS  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES JUNE 10, 2013

**EXHIBIT "C"**

**LIABILITY INSURANCE CERTIFICATE**

**TRAIL MOUNTAIN MINE**

**C/015/0009**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/25/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Omaha NE Office 11213 Davenport Suite 201 Omaha NE 68154 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (402) 697-1400      FAX (A/C. No.): (402) 697-0017		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> PacifiCorp db Pacific Power, Rocky Mountain Power and PacifiCorp Energy 825 NE Multnomah, #400 Portland OR 97232 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Assoc Electric & Gas Ins serv Ltd -AEGIS		AA3190004
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER: 570047556116**      **REVISION NUMBER:**

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.      **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			excess Liability \$35M SIR applies per policy terms & conditions	10/01/2012	10/01/2013	EACH OCCURRENCE      \$35,000,000 AGGREGATE                \$35,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC <input type="checkbox"/> STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation.  
 Re: Trail Mountain Mine: C/015/0009

### CERTIFICATE HOLDER

### CANCELLATION

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Holder Identifier :

Certificate No : 570047556116

# ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

## 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, Rocky Mountain Power and PacifiCorp Energy

**PRINCIPAL ADDRESS:** 825 NE Multnomah, #400, Portland, Oregon 97232

**POLICY NUMBER:** **POLICY** From: October 1, 2012  
**PERIOD:** To: October 1, 2013

**DESCRIPTION OF COVERAGE:** Excess Liability Policy covering claims for Bodily Injury, Property Damage and Personal Injury arising from the operations described below.

**LIMIT OF LIABILITY:** \$ 20,000,000 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: C/015/0009**  
and (ii) with respect to the following operations:  
**Damage due to the use of explosives and subsidence 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.~~

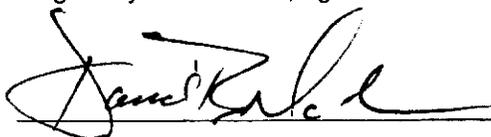
**DATE:** September 25, 2012

**ISSUED TO:** The State of Utah, Dept. of Natural Resources ("Certificate Holder")  
Division of Oil, Gas & Mining

**ADDRESS:** 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy  
Signed by Dave McCue, Agent of Record

AEGIS INSURANCE SERVICES, INC.

  
\_\_\_\_\_

BY:   
\_\_\_\_\_ At East Rutherford, New Jersey

**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)

C/015/0009  
(Permit Number)

CERTIFICATE OF INSURANCE:

\_\_\_\_\_  
(Policy Number)

10/01/2012 – 10/01/2013  
(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 person's 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:

Mel Butts  
(Agent's Name)

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(Phone)

AEGIS Insurance Services  
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1 Meadowlands Plaza  
(Mailing Address)

East Rutherford, NJ 07073  
(City, State, Zip Code)

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9/25/2012 Mel Butts V.P. U/W  
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Mel Butts

This 25<sup>th</sup> day of September, 2012

Denise A. Marks  
(Signature)

My commission Expires: June 10, 2013  
(Date)

DENISE A. MARKS  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES JUNE 10, 2013