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State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt
Governor

Ted Stewart
Executive Director

James W. Carter
Division Director

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Salt Lake City, Utah 84180-1203
801-538-5340
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June 28, 1995

Brad Griffin
Marsh and McLennan
1166 Avenue of the Americas
39th Floor
New York, New York 10036

Re: Certificate of Liability Insurance Forms, Consolidation Coal Company, Emery
Deep Mine, ACT/015/015, Folder #2, Emery County, Utah

Dear Mr. Griffin:

Enclosed please find Division "Certificates of Liability Insurance Forms". As I mentioned to you on the phone, the "Acord Form", the industry-wide Certificate of Insurance Form, is also acceptable to the Division with a revised cancellation clause that states that "the insurance will not be cancelled without 45 written notification to the Division" and explosives are included (XCU) coverage.

If you have any questions, please call me.

Sincerely,

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

Pamela Grubaugh-Littig
Permit Supervisor

Enclosure



EXHIBIT "C"
LIABILITY INSURANCE

CERTIFICATE OF LIABILITY INSURANCE

Issued To:
State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
-ooOoo-

THIS IS TO CERTIFY THAT:

(Name of Insurance Company)

(Home Office Address of Insurance Company)

HAS ISSUED TO:

(Name of Permittee)

(Mine Name)

(Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

(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 injured or property damaged 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.

CERTIFICATE OF LIABILITY INSURANCE

- 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 change, 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:

_____	_____
(Agent's Name)	(Phone)

(Company Name)	
_____	_____
(Mailing Address)	(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/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.)

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by _____

this _____ day of _____, 19 _____.

(Signature)

My Commission Expires: _____
(Date)

EXHIBIT "C"
LIABILITY INSURANCE

CERTIFICATE OF LIABILITY INSURANCE

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State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
-ooOOoo-

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(Home Office Address of Insurance Company)

HAS ISSUED TO:

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(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by _____

this _____ day of _____, 19 _____.

(Signature)

My Commission Expires: _____
(Date)