

0017

C/015/009 incoming
C/015/017
C/015/018
C/015/019



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

HAND DELIVERED

August 28, 2008

Daron Haddock
Permit Supervisor
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.X0720A1A08,
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 8-28-2008 to 8-28-2009; Folder #2, Emery County, Utah**

Dear Daron:

Enclosed are replacement certificates of liability insurance for the referenced coal mine operations for the policy period of 8-28-2008 to 8-28-2009. Should you have any questions or need any additional information, please feel free to contact me at 801-220-4612.

Sincerely,

Scott M. Child
Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2008-01(certs).doc

- cc: D. Smaldone, C. Pollastro – IMC w/copy encl.
- E. Snow, K. Fleck, D. Oakley – EWMC w/copy encl.
- J. Rothenhoefer – LCT 1800 w/copy
- M. Reed – NTO 120

RECEIVED

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DIV. OF OIL, GAS & MINING

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DIV. OF OIL, GAS & MINING

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:

Kevin Hartnett
(Agent's Name)

201-508-2791
(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).

Sandra A. Johnson 8/19/08
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Sandra A. Johnson

This 19th day of August, 2008

[Signature]
(Signature)

IVETTE BRITO
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JULY 20, 2009

My commission Expires: 7/20/09
(Date)

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/15/2008

PRODUCER
Aon Risk Services Central, Inc.
fka Aon Risk Services, Inc. of Nebraska
Insurance Services CA License #OE16975
11213 Davenport
Suite 201
Omaha NE 68154 USA
PHONE: (402) 697-1400 FAX: (402) 697-0017

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.

INSURED
PacifiCorp
db Pacific Power, Rocky Mountain Power
and PacifiCorp Energy
825 NE Multnomah, #1800
Portland OR 97232 USA

Table with 2 columns: INSURERS AFFORDING COVERAGE, NAIC #. Includes rows for INSURER A through E.

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LIMITS SHOWN ARE AS REQUESTED

Main table with columns: INSR LTR, ADD'L INSRD, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess/Umbrella Liability, Workers Compensation, and Other.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
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/015/017

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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
[Signature]

Holder Identifier :
Certificate No : 570030099496



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, #1800, Portland, Oregon 97232

POLICY NUMBER: _____ **POLICY** From: August 28, 2008
PERIOD: To: August 28, 2009

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/015/017
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: August 10, 2008

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

AEGIS INSURANCE SERVICES, INC.

BY: 
At East Rutherford, New Jersey