

0005



A SAVAGE BROTHERS COMPANY

December 5, 1983

File ACT/015/017
ACT/015/018
ACT/015/019
Folder No. 5
Copy to Jim
DEC 12 1983

Mr. Jim Smith
Division of Oil, Gas & Mining
Natural Resources & Energy
State of Utah
4241 State Office Building
Salt Lake City, UT 84114

DIVISION OF

Dear Jim:

Enclosed you will find amended copies of our Certificate of Liability Insurance, which policy provides personal injury and property damage insurance covering the obligations imposed upon Utah Power & Light - Emery Mining Corporation according to Coal Mining and Reclamation program of Utah.

This policy applies to all mine locations.

Sincerely,

Larry J. Guymon, P.E.

cc: Bill Zeller
Jim Hamlin
Morgan Moon
Chris Shingleton, UP&L w/enclosure

(COAL)

FILE
ACT/015/017
Folder No. 5

AMENDED

RECEIVED

DEC 1 1983

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

EMERY MINING CORP.
ENGINEERING

THIS IS TO CERTIFY, That the Federal Insurance Company
(Name of Insurance Company)
of 100 William Street, New York, New York 10038
(Home Office Address of Company)
has issued to Emery Mining Corporation of
(Name of Permit Applicant)
P. O. Box 310, Huntington, Utah 84528 Policy No. GLP(84)7302-83-35
(Address of Permit Applicant)

effective from June 1 19, 83 and continuing until cancelled,
nonrenewed, or changed as provided herein, which policy provides personal
injury and property damage insurance covering the obligations imposed upon
such permit applicant with regard to Permit No. _____ according
to provisions of the coal mining and reclamation program of Utah, (Utah Code
Annotated 40-10-1 et seq.), specifically Section UMC/SMC 806.14.

Policy Limit: \$500,000. Combined Single Limit Bodily Injury &
Property Damage

Underwriting Agent: E. Sanford Bell, CPCU, ARM

Company Name: Alexander & Alexander Phone: (816) 391-1000

Address: P. O. Box 13647, Kansas City, Missouri 64199

The above-named insurance company agrees to notify the Division in writing
of any substantive change in the above coverage, 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.

The undersigned affirms that the above information is true and complete to
the best of his or her knowledge and belief, and that he or she is an
authorized representative of the above-named insurance company.

R. B. JONES CORPORATION

BY Vernon M. Jones

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

Signed and sworn to before me by Vernon M. Jones this the 14th
day of November, 19 83.

Celestia Welch
(Notary)

My Commission Expires:

CELESTIA WELCH
Notary Public, State of Missouri
Commissioned in Jackson County
My Commission Expires March 28, 1984

(COAL)

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P. O. Box 310, Huntington, Utah 84528 Policy No. GLP(84)7302-83-35
(Address of Permit Applicant)

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such permit applicant with regard to Permit No. 019 according
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Policy Limit: \$500,000. Combined Single Limit Bodily Injury &
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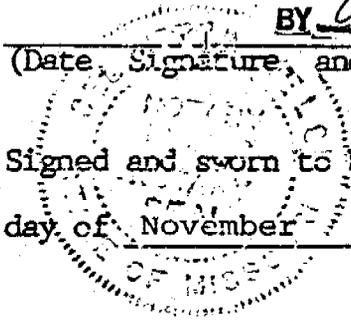
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