

CERTIFICATE OF LIABILITY INSURANCE

Issued to:

State of Utah

Department of Natural Resources

Division of Oil, Gas and Mining

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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 Permit Applicant)

DEERCREEK
(Mine Name)

ACT/015/018 #4
(Permit Number)

CERTIFICATE OF INSURANCE:

XO296A1A91
(Policy Number)

2-24-91/2-24-92
(Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per UMC/SMC Part 800.60 Terms and Conditions for Liability Insurance:

- A. The Division Shall require the applicant 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.

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. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent or officer.)

2/20/91 Sandra A. Johnson A.V.P.
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Sandra A. Johnson A.V.P.

this 20th day of February, 1991

Lois Anne Salley
(Signature)

LOIS ANNE SALLEY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March 10, 1994

My commission Expires: _____
(Date)