



C/015/009
C/015/0017
C/015/0018
C/015/0019

Incoming
CCI Angela

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

R

HAND DELIVERED

August 26, 2010

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 8-28-2010 to 8-28-2011; Folder #2, Emery County, Utah**

Dear Daron:

Enclosed are replacement liability insurance certificates for the referenced coal mine operations for the policy period of 8-28-2010 to 8-28-2011. 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 2009-03(certs).doc

cc: C. Crane – IMC w/copy encl.
E. Snow, K. Fleck, D. Oakley – EWMC w/copy encl.
M. Reed – NTO 330 w/copy encl.

RECEIVED
AUG 26 2010
DIV. OF OIL, GAS & MINING

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: August 28, 2010
PERIOD: To: August 28, 2011

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.

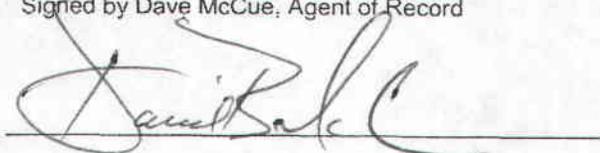
DATE: August 10, 2010

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).

Mel Butts, V.P. - U/W 8/18/2010
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Melford Butts

This 18th day of August, 2010

Lacey Skalicky
(Signature)

My commission Expires: 6/6/12
(Date)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2010

PRODUCER
Aon Risk Services Central, Inc.
Omaha NE Office
11213 Davenport
Suite 201
Omaha NE 68154 USA

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.

PHONE: (800) 798-5050 FAX: (515) 267-9045

INSURERS AFFORDING COVERAGE NAIC #

INSURED
PacifiCorp
db Pacific Power, Rocky Mountain Power
and PacifiCorp Energy
825 NE Multnomah, #400
Portland OR 97232 USA

INSURER A: Assoc Electric & Gas Ins Serv Ltd -AEGIS 00152L
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES SIR applies per terms and conditions of the policy

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS SHOWN ARE AS REQUESTED	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" 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	Excess Liability	08/28/2010	08/28/2011	EACH OCCURRENCE	\$2,000,000
		AUTOMOBILE LIABILITY <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)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
A		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION	Excess Liability	08/28/2010	08/28/2011	EACH OCCURRENCE	\$35,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
		OTHER				E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	

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: Deer Creek: C/015/0018

CERTIFICATE HOLDER
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

CANCELLATION
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

Holder Identifier: 570039835307 Certificate No. 570039835307