C/015/018 Incoming
C/015/019

INTERWEST MINING COMPANY
A SUBSIDIARY OF PACIFICORP

1407 W. North Temple, Suite 110
Salt Lake City, UT 84116

HAND DELIVERED
daronhaddock@utah.gov

RECEIVED
SEP 29 2016
DIV. OF OIL, GAS & MINING

September 29, 2016

Daron Haddock
Coal Program 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. XL5194005P, Associated Electric & Gas Insurance Services, Policy Period from 10-1-2016 to 10-1-2017
Deer Creek Mine C/015/0018, Cottonwood Mine C/015/0019,
Folder #2, Emery County, Utah

Dear Daron:

Our parent company (Berkshire Hathaway Energy Company) has just finalized the renewal of its liability insurance coverage for all of their company-wide businesses including PacifiCorp and its subsidiaries. On behalf of PacifiCorp, enclosed are signed certificates for the subject coal mine operations under the referenced policy number for the policy period of October 1, 2016 to October 1, 2017.

Should you have any questions or concerns, please feel free to contact me at 801-220-4612 or Scott.Child@PacifiCorp.com.

Sincerely,

Scott M. Child
Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2016-02(InsuranceCerts).doc

cc: IMC – D. Ralston, C. Semborski, K. Fleck, D. Oakley w/copy encl.
PacifiCorp Fuel Resources – B. Morgan w/copy encl.
PacifiCorp Risk Management – L. Kotch NTO 320 w/copy encl.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MCGRIFF, SEIBELS & WILLIAMS, INC.
P.O. Box 10265
Birmingham, AL 35202

CONTACT NAME:
PHONE (A/C, No, Ext): 800-476-2211
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Assoc. Elec. & Gas Ins. Serv. Ltd (AEGIS) AA-3190004	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
PacifiCorp dba Pacific Power, Rocky Mountain Power, and PacifiCorp Energy
825 NE Multnomah, Suite 400
Portland, OR 97232

COVERAGES **CERTIFICATE NUMBER:** J3TC599J **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / OCCUR			XL5194005P	10/01/2016	10/01/2017	EACH OCCURRENCE	$ 35,000,000
	X EXCESS LIAB / X CLAIMS-MADE						AGGREGATE	$ 35,000,000
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
								$ $ $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Cottonwood/Wilberg: C/015/019. Coverage includes liability resulting from explosives and subsidence, subject to policy terms, conditions and exclusions. Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

Subscribed and sworn to before me this 28th day of September, 2014 Susan Wheller Notary Public

CERTIFICATE HOLDER

State of Utah, Dept of Natural Resources,
Division of Oil, Gas & Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84180-1203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/30/2016

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INSURER E :	
INSURER F :	

INSURED
PacifiCorp dba Pacific Power, Rocky Mountain Power, and PacifiCorp Energy
825 NE Multnomah, Suite 400
Portland, OR 97232

COVERAGES **CERTIFICATE NUMBER:** MQV8MM5A **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
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	X EXCESS LIAB / X CLAIMS-MADE						AGGREGATE	$ 35,000,000
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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State of Utah, Dept of Natural Resources,
Division of Oil, Gas & Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84180-1203

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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INSURER D :	
INSURER E :	
INSURER F :	

INSURED
PacifiCorp
825 NE Multnomah, Suite 400
Portland, OR 97232

COVERAGES **CERTIFICATE NUMBER:** V9P7YX45 **REVISION NUMBER:**

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	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
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	X EXCESS LIAB / X CLAIMS-MADE						AGGREGATE	$ 35,000,000
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
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Subscribed and sworn to before me this 28th day of September, 2016. Susan Ulrich
Notary Public

CERTIFICATE HOLDER

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84180-1203

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INSURER F :	

INSURED
PacifiCorp
825 NE Multnomah, Suite 400
Portland, OR 97232

COVERAGES **CERTIFICATE NUMBER:** 3JJ34V5D **REVISION NUMBER:**

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A	☐ **UMBRELLA LIAB** ☐ OCCUR			XL5194005P	10/01/2016	10/01/2017	EACH OCCURRENCE	$ 35,000,000
	X **EXCESS LIAB** X CLAIMS-MADE						AGGREGATE	$ 35,000,000
	DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
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AUTHORIZED REPRESENTATIVE

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ACORD 25 (2014/01)

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