

C/015/018, C/015/019 Incoming
cc: Karl, Keenan



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

HAND DELIVERED

daronhaddock@utah.gov

August 13, 2018

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. XL5194007P, Associated Electric & Gas Insurance Services, Policy Period from 8-15-2018 to 8-15-2019
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 recently 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 August 15, 2018 to August 15, 2019.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Scott M. Child".

Scott M. Child
Manager, Lands & Regulatory Affairs

Enclosures

SMC\Interwest\DOGM 2018-02(InsuranceCerts)

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/2018

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 have ADDITIONAL INSURED provisions or 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:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :Assoc. Elec. & Gas Ins. Serv. Ltd (AEGIS) AA-3190004</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		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 :
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INSURED PacifiCorp dba Pacific Power, Rocky Mountain Power, and PacifiCorp Energy 825 NE Multnomah, Suite 400 Portland, OR 97232															

COVERAGES **CERTIFICATE NUMBER:** J6KMF4EV **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 <input 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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$				08/15/2018	08/15/2019	EACH OCCURRENCE \$ 35,000,000 AGGREGATE \$ 35,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 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. Excess Liability includes General Liability, Automobile Liability and Employer's Liability.

CERTIFICATE HOLDER **CANCELLATION**

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