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State of Utah

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Norman H. Bangerter
Governor

Dee C. Hansen
Executive Director

Dianne R. Nielson, Ph.D.
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340

March 15, 1991

Mr. Blake Webster
PacifiCorp Electric Operations
Fuel Resources
324 South State Street
P.O. Box 26128
Salt Lake City, Utah 84126-0128

Dear Mr. Webster:

Re: Updated Certificates of Insurance, PacifiCorp Electric Operations, Des-Bee-Dove Mine, ACT/015/017, Deer Creek Mine, ACT/015/018, Cottonwood/Wilberg Mine, ACT/015/019, Folder #2, Emery County, Utah

The certificates of Insurance submitted March 11, 1991, do not reflect the current rule citation. Additionally, the Certificate of Insurance for Primary Liability must be submitted for each mine (see attached Centralia Certificate as an example).

Please submit the completed Division liability insurance forms with attached Certificate of Primary Liability by April 19, 1991.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Pamela Grubaugh-Littig'.

Pamela Grubaugh-Littig
Permit Supervisor

jbe
Enclosure
AT015017.003

EXHIBIT "C"
LIABILITY INSURANCE

CERTIFICATE OF LIABILITY INSURANCE

Issued To:
State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
-ooOoo-

THIS IS TO CERTIFY THAT:

(Name of Insurance Company)

(Home Office Address of Insurance Company)

HAS ISSUED TO:

(Name of Permittee)

(Mine Name)

(Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

(Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per R614-301-890 Terms and Conditions for Liability Insurance:

- A. The DIVISION shall require the PERMITTEE 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 injured or property damaged 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.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

Revised October 1990
CERTIFICATE OF LIABILITY INSURANCE

- 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 change, 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:

_____	_____
(Agent's Name)	(Phone)

(Company Name)	
_____	_____
(Mailing Address)	(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/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.)

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

Signed and sworn before me by _____

this _____ day of _____, 19 _____.

(Signature)

My Commission Expires: _____
(Date)

Certificate Number: N: 013870

ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED
Hamilton, Bermuda

CERTIFICATE OF INSURANCE
(Excess Liability)
Primary

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 Electric Operations
PRINCIPAL ADDRESS: 920 SW Sixth
Portland, Oregon 97204
POLICY NUMBER: X0296A1A89
POLICY PERIOD: From: December 24, 1989
To: February 24, 1991
RETROACTIVE DATE: 12-24-86 Primary

DESCRIPTION OF COVERAGE: Claims-First-Made Excess Liability Policy covering claims for Bodily Injury, Property Damage and Personal Injury arising from the operations described below.
LIMIT OF LIABILITY: \$ 35,000,000-- 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:

and (ii) with respect to the following operations:
Centralia Coal Mine Operations

Damage due to explosives is covered. Insurance Company will notify OSM of changes or

~~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 30 days advance written notice thereof to the Certificate Holder, but will not be liable for any such notice or obligation of liability or any other expense of the Company, the undersigned or any agent or representative of either.~~

DATE: December 4, 1990

ISSUED TO: U. S. Office of Surface Mining
ADDRESS: Reclamation and Enforcement
Brooks Towers 1020 - 15th Street
Denver, Colorado 80202

("Certificate Holder")

AEGIS INSURANCE SERVICES, INC.

BY: Linda S. Johnson

At Jersey City, New Jersey