

C/015/017, C/015/018, Incoming  
C/015/019, R



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

**HAND DELIVERED**

August 27, 2012

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

RECEIVED  
AUG 27 2012  
DIV. OF OIL, GAS & MINING

**RE: Certificates of Liability Insurance, Policy No.X0720A1A11,  
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 8-28-2011 to 10-1-2012; Folder #2, Emery County, Utah**

Dear Daron:

Enclosed are interim replacement liability insurance certificates for the referenced coal mine operations with a policy period of August 28, 2011 to October 1, 2012. These interim certificates replace the certificates submitted last year and also bridges the policy dates from the previous certificate end date of August 28, 2012 to October 1, 2012, to coincide with the new policy period established between our parent company and the insurance carrier. The new policy period going forward will provide annual coverage from October 1 to October 1.

Therefore, come October 1, 2012, we will again provide new certificates to cover the established policy period from October 1, 2012 to October 1, 2013. Should you have any questions, please feel free to contact me at 801-220-4612.

Sincerely,

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

Scott M. Child  
Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2012-05(certs).doc

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/17/2012

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Omaha NE Office 11213 Davenport Suite 201 Omaha NE 68154 USA	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C. No. Ext):</b> (402) 697-1400	<b>FAX (A/C. No.):</b> (402) 697-1594
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> PacifiCorp db Pacific Power, Rocky Mountain Power and PacifiCorp Energy 825 NE Multnomah, #400 Portland OR 97232 USA	<b>INSURER A:</b> Assoc Electric & Gas Ins Serv Ltd -AEGIS	00152L
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

Holder Identifier :

**COVERAGES**                      **CERTIFICATE NUMBER: 570047291606**                      **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.                      Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVER	NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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"/> PROJECT <input type="checkbox"/> LOC		Excess Liability SIR applies per policy terms & conditions	08/28/2011	10/01/2012	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <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 (Per accident) BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION		Excess Liability \$35M SIR applies per policy terms & conditions	08/28/2011	10/01/2012	EACH OCCURRENCE \$35,000,000 AGGREGATE \$35,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

Certificate No : 570047291606

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 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: Cottonwood/wilburg: C/015/0019

<b>CERTIFICATE HOLDER</b>  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	<b>CANCELLATION</b>  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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