



# State of Utah

DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

Norman H. Bangarter  
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

January 23, 1990

TO: File

FROM: Pamela Grubaugh-Littig, Permit Supervisor *pgl*

Re: Certificate of Insurance, Co-Op Mining Company, Bear Canyon Mine, ACT/015/025, Folder #4, Emery County, Utah

The Division received a cancellation request from National Union Insurance on January 22, 1990. I telephoned American Insurance and Investment, the brokers who forwarded the cancellation notice to the Division. They said the policy had been cancelled as of January 1, 1990.

I then telephoned Kim Mangum, consultant for Co-Op Mining Company. He said he did not know anything about this cancellation. He later called the Division and told me that the insurance brokers had been changed to Transwestern General Brokers at Diversified Insurance. I spoke with Pat Seener at Diversified Insurance and she said that Co-Op Mining Company changed liability insurance companies on January 1, 1990 to Homestead Insurance Company with excess liability at Lloyd's of London - up to \$1,000,000.00. She forwarded a certificate of insurance to the Division that day.

The liability insurance did not lapse. However, the insurers should not have cancelled the policy without notifying the Division. The new insurers will be reminded of this clause in the reclamation agreement that has been forwarded to them for signatures.

djh  
cc: L. Braxton  
AT45/157



## Diversified Insurance Brokers

University Club Building, Suite 2300, 136 East South Temple, Salt Lake City, Utah 84111  
(801) 532-6387 FAX 521-5945

January 22, 1990

Ms. Pam Littig  
Division of Oil, Gas & Mining  
355 West North Temple  
#3 Triad Center  
Salt Lake City, Utah 84180-1203

RE: CO-OP Mining

Dear Pam,

Please find enclosed, a certificate on the above mentioned insured.

Please do not hesitate to contact us if you should have any questions.

Very truly yours,

*Pat J. Seewer*

Pat J. Seewer

PJS/kw

Encl.

cc: CO-OP Mining

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

1-22-90

**PRODUCER**

Diversified Ins. Brokers  
136 East South Temple #2300  
Salt Lake City, Utah 84111

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

**COMPANIES AFFORDING COVERAGE**

CODE

SUB-CODE

COMPANY LETTER **A** Homestead Ins. Co.

COMPANY LETTER **B** Sphere Drake Ins. Co.

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

**INSURED**

CO-OP Mining  
P.O. Box 15644  
Salt Lake City, Utah 84115

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	LM10023	1-1-90	1-1-91	GENERAL AGGREGATE	\$ 500,
					PRODUCTS-COMP/OPS AGGREGATE	\$ 500,
					PERSONAL & ADVERTISING INJURY	\$
					EACH OCCURRENCE	\$ 500,
					FIRE DAMAGE (Any one fire)	\$
					MEDICAL EXPENSE (Any one person)	\$
	<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 <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
B	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	XML1001	1-1-90	1-1-91	EACH OCCURRENCE	\$ 500,
					AGGREGATE	\$ 500,
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY	\$ (EACH ACCIDENT)
						\$ (DISEASE—POLICY LIMIT)
						\$ (DISEASE—EACH EMPLOYEE)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

**CERTIFICATE HOLDER**

Division of Oil, Gas & Mining  
355 West North Temple  
3Triad Center  
Salt Lake City, Utah 84180-1203

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

Attn: Pam Littig

AUTHORIZED REPRESENTATIVE

*Pat G. Seewer*