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Norman H. Bangerter

Governor

Dee C. Hansen

Executive Director

Dianne R. Nielson, Ph.D.

Division Director

State of Utah

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

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

February 20, 1990

Mr. Paul Van Wagoner, Jr. II
Van Wagoner Companies, Inc.
801 East Campbell Road #390
Richardson, Texas 75081

Dear Mr. Van Wagoner:

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

The Division received a signed Certificate of Insurance for the Co-Op Mining Company (copy enclosed). The third sheet (Affidavit of Qualification), however, was not returned to the Division. Please sign the enclosed "Affidavit of Qualification" for each authorized agent and return to this office as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Grubaugh-Littig".

Pamela Grubaugh-Littig
Permit Supervisor

djh
Attachment
cc: L. Braxton, DOGM
AT45/153

August 1988

CERTIFICATE OF LIABILITY INSURANCE

Issued To:
State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
--oo00oo--

THIS IS TO CERTIFY THAT:

HOMESTEAD INSURANCE COMPANY

(Name of Insurance Company)

C/O VAN WAGONER COMPANIES, 801 EAST CAMPBELL ROAD #390, RICHARDSON, TEXAS 75081

(Home Office Address of Insurance Company)

HAS ISSUED TO:

CO-OP MINING

(Name of Permit Applicant)

BEAR CANYON & TRAIL CANYON MINES

(Mine Name)

(Permit Number)

CERTIFICATE OF INSURANCE:

LM10023

(Policy Number)

1-1-90

(Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per UMC/SMC Part 800.60 Terms and Conditions for Liability Insurance;

- A. The Division shall require the applicant 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.

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- 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.
- 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:

Paul Van Wagener TL JR
(Agent's Name)

214-699-0551
(Phone)

Van Wagener Companies Inc
(Company Name)

801 E - Campbell Rd #390
(Mailing Address)

Richardson, Texas 75081
(City, State, Zip Code)

Revised February 1990
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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)