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State of Utah  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt  
Governor  
Ted Stewart  
Executive Director  
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Division Director

355 West North Temple  
3 Triad Center, Suite 350  
Salt Lake City, Utah 84180-1203  
801-538-5340  
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801-538-5319 (TDD)

March 16, 1994

Mr. Wendell Owen  
Co-Op Mining company  
P.O. Box 1245  
Huntington, Utah 84528

Re: Certificate of Insurance, Co-Op Mining Company, Bear Canyon Mine, ACT/015/025, Trail Canyon Mine, ACT/015/021, Folder #4, Emery County, Utah

Dear Mr. Owen:

Enclosed please find the recently submitted Certificate of Insurance and the two previously submitted Certificates of Insurance for the Bear Canyon Mine and Trail Canyon Mine. The "Explosives Coverage" must be noted on the Certificate and the "Cancellation Clause" revised to read the same as the previous certificates.

If you have any questions, please call me.

Sincerely,

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

Pamela Grubaugh-Littig  
Permit Supervisor

Enclosure



# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

1/11/94

**PRODUCER**

Lyons & Associates Insurance Agency  
5899 South State, Suite 1  
Salt Lake City, Utah 84107

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 Insurance Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

**INSURED**

Co-Op Mining Inc.  
P.O. Box 65809  
Salt Lake City, Utah 84165

**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      | GENERAL LIABILITY               |               |                                  |                                   | GENERAL AGGREGATE \$2,000                 |
|        | XX COMMERCIAL GENERAL LIABILITY | Renewal of    |                                  |                                   | PRODUCTS COMP/OPS AGGREGATE \$2,000       |
|        | CLAIMS MADE XX OCCUR.           | VW80300088    | 1/1/94                           | 1/1/95                            | PERSONAL & ADVERTISING INJURY \$ EXCLUDED |
|        | OWNER'S & CONTRACTOR'S PROT.    |               |                                  |                                   | EACH OCCURRENCE \$1,000                   |
|        |                                 |               |                                  |                                   | FIRE DAMAGE (Any one fire) EXCLUDED       |
|        |                                 |               |                                  |                                   | MEDICAL EXPENSE (Any one person) EXCLUDED |
|        | AUTOMOBILE LIABILITY            |               |                                  |                                   | COMBINED SINGLE LIMIT \$                  |
|        | ANY AUTO                        |               |                                  |                                   | BODILY INJURY \$ (Per person)             |
|        | ALL OWNED AUTOS                 |               |                                  |                                   | BODILY INJURY \$ (Per accident)           |
|        | SCHEDULED AUTOS                 |               |                                  |                                   | PROPERTY DAMAGE \$                        |
|        | HIPED AUTOS                     |               |                                  |                                   |   |
|        | NON-OWNED AUTOS                 |               |                                  |                                   |   |
|        | GARAGE LIABILITY                |               |                                  |                                   |   |
|        | EXCESS LIABILITY                |               |                                  |                                   | EACH OCCURRENCE \$                        |
|        | OTHER THAN UMBRELLA FORM        |               |                                  |                                   | AGGREGATE \$                              |
|        | WORKER'S COMPENSATION           |               |                                  |                                   | STATUTORY \$                              |
|        | AND                             |               |                                  |                                   | (EACH ACCIDENT)                           |
|        | EMPLOYERS' LIABILITY            |               |                                  |                                   | \$ (DISEASE—POLICY LIMIT)                 |
|        | OTHER                           |               |                                  |                                   | \$ (DISEASE—EACH EMPLOYEE)                |

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

Bear Canyon Mine 1 #act015025  
Trail Canyon Mine #act015021

XCU - included (EXPLOSIVES)

**CERTIFICATE HOLDER**

State of Utah Division of Oil & Gas  
355 West N. Temple, Triad Center  
Salt Lake City, Utah 84180

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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.

Interest: Additional Insured

*This needs to be revised*

AUTHORIZED REPRESENTATIVE

*Michael Lyons*