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OUTGOING  
(01500)5

**From:** Pam Grubaugh-Littig  
**To:** cwmining@.etv.net; mrreynolds@etv.net  
**Date:** 12/22/2004 9:33:30 AM  
**Subject:** Insurance Must Remain in Effect

The Division was notified that the public liability insurance will be cancelled soon. Please be aware that if there is not continuous public liability insurance coverage, the Division will issue a cessation order on January 3, 2005. If you have any questions, please call me. Thank you.

**CC:** Mark Mesch; Pete Hess; Sheila Morrison; Wayne Hedberg

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NATIONAL UNION FIRE INSURANCE COMPANY PA  
70 PINE STREET  
NEW YORK NY 10270

**NOTICE OF NONRENEWAL OF INSURANCE**

RECEIVED  
OCT 14 2004  
DIV. OIL, GAS & MINING

Named Insured & Mailing Address:

Producer: 50972

C W MINING  
P. O. BOX 57534  
SALT LAKE CITY UT 84157

BENNION TAYLOR INSURANCE  
461 WEST MURRAY BLVD  
SALT LAKE CITY UT 84123

*Insuring  
E/O 1/5/005  
@forsto  
Copy AAAA*

Policy No.:  
Type of Policy: GENERAL LIABILITY OCCURRENCE  
Date of Expiration: 01/01/2005; 12:01 A.M. Local Time at the mailing address of the Named Insured.  
We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is Underwriting Reasons

If you believe that we have not stated with reasonable precision the facts upon which our decision is based, you may make a written request that we provide you with these facts. This information will be provided to you within 10 days of the receipt of your written request.

You may request we provide you information about losses under this policy and previous policies, which we have issued to you, not to exceed 3 years. The information will give you details of closed claims, open claims and notices of occurrences. We will provide the information to you within 30 days from the date we receive your written request.

Other Party of Interest

DIVISION OF OIL, GAS & MINING  
1594 WEST N. TEMPLE  
BOX 145801  
SALT LAKE CITY UT 84114-5801

Date Mailed:  
11th day of October, 2004

*Mike Shiley*  
AUTHORIZED REPRESENTATIVE