

Appendix 2-8

Certificate of Insurance

Revised 9/16/92

ACORD

CERTIFICATE OF INSURANCE

*Baron Haddock Court 8 / 1/2/93
ACT/015/032*

CSR

ISSUE DATE (MM/DD/YY)

01/21/93

PRODUCER

PRICE INSURANCE AGENCY
5 WEST MAIN ST. P.O. BOX 871
PRICE, UT
84501-0871
ROY A. NIKAS
801-637-3351

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

- COMPANY LETTER **A** FEDERAL INS. (CHUBB GROUP)
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
NEVADA ELECTRIC
INVESTMENT COMPANY, INC. etal
P. O. BOX 1201
HUNTINGTON, UT
84528-1201

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)	LIMITS
A	GENERAL LIABILITY	3710-3989	01/01/93	01/01/94	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

XCU COVERAGES ARE INCLUDED IN FORM; \$1000 DEDUCTIBLE PROPERTY DAMAGE; ADD'L NAMED INSUREDS: GENWAL COAL CO., INC. & CASTLE VALLEY RESOURCES, INC. MINE NAME: GENWAL COAL COMPANY CRANDALL CANYON MINE NUMBER ACT 015-032 MINE NAME: WELLINGTON LOADOUT MINE NUMBER ACT 007-012

CERTIFICATE HOLDER

STATE OF UTAH DIVISION OF OIL, GAS & MINING
355 WEST NORTH TEMPLE
111 TRIAD CENTER SUITE 350
SLC UT 84180-1203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO certify MAIL 45 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.

AUTHORIZED REPRESENTATIVE

Roy A. Nikas
ROY A. NIKAS

PRICE INSURANCE AGENCY
"All Kinds of Insurance"
54 West Main St. P. O. Box 871
Price, Utah 84501-0871
FAX 801-637-0503
1-801-637-3351 or 1-800-464-3351

January 28, 1993

Nevada Electric Investment Company, Inc.
Genwal Coal Company, Inc.
Castle Valley Resources, Inc.
P. O. Box 1201
Huntington, UT 84528-1201

Attn.: Larry Johnson

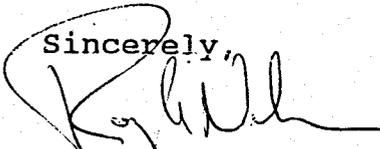
RE: Policy #3710-3989
Federal Insurance Co. (Chubb Group)

Dear Larry,

This letter is to confirm the handling of your \$1000 property damage deductible will be the same as prior years. The insurance company investigates the claim, has all proper documentation completed (i.e. proof of loss, releases, etc.), and issues the appropriate check to the claimant. Afterwards, the insurance company collects any deductible amount from the Insured. This makes sure the claimant is satisfied and not awaiting a deductible check from the Insured.

The above described procedure is common with most insurance companies nationwide. If you have any questions, please contact me. Thank you.

Sincerely,


Roy A. Nikas

PRICE INSURANCE AGENCY
 54 W. MAIN STREET
 P.O. BOX 871
 PRICE, UTAH 84501-0371

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COMPANIES AFFORDING COVERAGE

CO 091335 SUB-CODE
 INSURED

COMPANY LETTER A FEDERAL INSURANCE COMPANY (CHUBB GROUP)

NEVADA ELECTRIC INVESTMENT CO., INC.,
 GENWAL COAL CO., INC. AND CASTLE VALLEY
 RESOURCES, INC.
 P.O. BOX 1201
 HUNTINGTON, UT 84528-1201

COMPANY LETTER B
 COMPANY LETTER C
 COMPANY LETTER E
 COMPANY LETTER E

Post-It™ brand fax transmittal memo 7671 # of pages ▶

To	Jay Marshall	From	MONA
Co	Genwall Coal	Co	Price Ins.
Dept.		Phone #	801-637-3351
Fax #	687-9784	Fax #	637-0503

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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.

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 COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT.	3710-3989	1-1-92	1-1-93	GENERAL AGGREGATE	\$ 2,000,
					PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000,
					PERSONAL & ADVERTISING INJURY	\$ 1,000,
					EACH OCCURRENCE	\$ 1,000,
					FIRE DAMAGE (Any one fire)	\$ 50,
					MEDICAL EXPENSE (Any one person)	\$ 5,
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY OTHER THAN UMBRELLA FORM WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY OTHER				EACH OCCURRENCE	\$
					AGGREGATE	\$
					STATUTORY	\$
					(EACH ACCIDENT)	\$
					(DISEASE-POLICY LIMIT)	\$
					(DISEASE-EACH EMPLOYEE)	\$

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

MINE NAME: GENWAL COAL COMPANY CRANDALL CANYON MINE MINE NUMBER: act 015-032
 XCU COVERAGES ARE INCLUDED IN FORM; \$1000 DEDUCTIBLE PROPERTY DAMAGE
 COVERAGE INCLUDES: MINE NAME-WELLINGTON LOADOUT_MINE NUMBER ACT 002-012.....

CERTIFICATE HOLDER

STATE OF UTAH DIVISION OF OIL, GAS & MINING
 355 WEST NORTH TEMPLE
 ILLERIAD CENTER SUITE 350
 SALT LAKE CITY UT 84180-1203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CHANGED AND/OR CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL (CERTIFIED) 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

Roy Anthony Nikas
 ROY ANTHONY NIKAS

Sobieski & Bradley

Wholesale Insurance Brokers
Excess & Surplus Lines Brokers
Managing General Agents

March 2, 1992

MAR - 1 1992

Price Insurance Agency
P.O. Box 871
Price, UT 84501-0871

Attn: Roy Nikas

Re: Genwal Coal Company
Chubb Insurance Company Commercial General Liability

Dear Roy,

I have spoken with the company underwriter concerning this coverage. There is a \$1,000. property damage deductible which applies to this policy. The deductible does not apply to bodily injury.

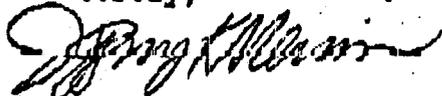
If there is any event which may lead to a claim or suit, Genwal is expected to report such event to the insurer, Chubb Insurance Company. Any third party claimant would deal directly with the insurer as regards such claim or suit.

Claim settlements would be paid by the insurer directly to the third party claimant. The deductible amount, if any, would be handled between the insurer and the insured, Genwal Coal Company. The insured would then be expected to reimburse the insurer directly for any applicable deductible amounts.

I hope this letter serves to accomplish the clarification you were looking for. If you will require a written response directly from the insurer, please have the concerned governmental or regulatory authority submit the appropriate form or a formal, written request.

If there is anything else I can do for you, please let me know.

Sincerely,



Jeffrey K. Mainor CPCU, ARM
Underwriter/Broker

PRICE INSURANCE AGENCY

"All Kinds of Insurance"

54 W. Main St. P. O. Box 871

Price, Utah 84501-0871

FAX 801-637-0503

801-637-3351 OR 1-800-464-3351

March 4, 1992

FAX TO 702-252-5014

Sheryl Schmale
Nevada Electric Investment Company, Inc.,
General Coal Company, Inc., & Castle Valley Resources, Inc.
2835 South Jones Blvd.
Las Vegas, NV. 89102

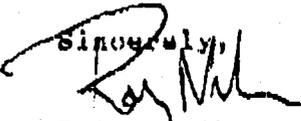
Dear Sheryl,

I am sending you confirmation that the deductible under your general liability coverage is paid by the insurance carrier to the third party claimant along with any other money due. Reimbursement of any deductible would be made to the insurer. This is very standard procedure as the insurance carrier can get all appropriate releases signed. Remember, your deductible applies only to property damage, not bodily injury claims.

The letter from the Broker should be self-explanatory, however if DOGM needs anything further, please have them contact me. They may even have a form, similar to the State of Wyoming's DOGM, which Chubb will sign confirming this information.

If I can be of further assistance, please call. Thank you.

Sincerely,


Roy A. Nikas
Broker