



August 4, 2021

Mr. Zach Trujillo
Environmental Protection Specialist
Colorado Division of Reclamation, Mining & Safety
Department of Natural Resources
1313 Sherman Street, Room 215
Denver, CO 80203

RE: Colowyo Coal Company L.P.
Permit No. C-1981-019
Minor Revision No. 236
Certificate of Liability Insurance

Dear Mr. Trujillo,

Tri-State Generation and Transmission Association Inc. (Tri-State), is the parent company to Axial Basin Coal Company, which is the general partner to Colowyo Coal Company L.P. (Colowyo). Therefore, Tri-State on behalf of Colowyo is submitting minor revision 236 (MR-236) to Permit No. C-1981-019. MR-236 updates Exhibit 3 with a newly issued certificate of liability insurance for Colowyo.

Included in this minor revision is a change of index sheet to ease incorporation of this minor revision into the permit document. If you should have any additional questions or concerns, please feel free to contact Tony Tennyson at (970) 326-3560 at your convenience.

Sincerely,

DocuSigned by:
A blue ink signature of Chris Gilbreath.
D250C711D0BF450...

Chris Gilbreath
Senior Manager,
Remediation and Reclamation

CG:TT:der

Enclosure

cc: Jennifer Maiolo (BLM-LSFO)
Tony Tennyson (via email)
Angela Aalbers (via email)
File: C. F. 1.1.1.217 - G471-11.3(21)d

CHANGE SHEET FOR PERMIT REVISIONS, TECHNICAL REVISION, AND MINOR REVISIONS

Mine Company Name: Colowyo Coal Company

Date: **August 4, 2021**

Permit Number: **C-1981-019**

Revision Description: **MR-236 Certificate of Liability Insurance**

Volume Number	Page, Map or other Permit Entry to be REMOVED	Page, Map or other Permit Entry to be ADDED	Description of Change
1			No Change
2A	Page Exhibit 3-1 (1 page)	Page Exhibit 3-1 (1 page)	Exhibit 3 has been updated with a new Certificate of Liability Insurance.
2B			No Change
2C			No Change
2D			No Change
2E			No Change
3			No Change
4			No Change
5A			No Change
5B			No Change
6			No Change
7			No Change
8			No Change
9			No Change
10			No Change
12			No Change
13			No Change
14			No Change
15			No Change
16			No Change
15			No Change
17			No Change
18A			No Change
18B			No Change
18C			No Change

CHANGE SHEET FOR PERMIT REVISIONS, TECHNICAL REVISION, AND MINOR REVISIONS

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Volume Number	Page, Map or other Permit Entry to be REMOVED	Page, Map or other Permit Entry to be ADDED	Description of Change
18D			No Change
19			No Change
20			No Change
20			No Change
21			No Change
22			No Change



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hays Companies Inc. Ruan Center, 666 Grand Avenue 17th Floor Des Moines IA 50309	CONTACT NAME: Lacey Skalicky or Kathy Beatty PHONE (A/C, No, Ext): (515) 802-3006 FAX (A/C, No): (515) 802-3032 E-MAIL ADDRESS: lskalicky@hayscompanies.com														
INSURED Elk Ridge Mining and Reclamation LLC 1100 West 116th Avenue Westminster CO 80234	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Imperium Insurance Company (HIIG)</td><td>35408</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Imperium Insurance Company (HIIG)	35408	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 2021-2022 **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MNG-IIC-GL-0000347-01	08/01/2021	08/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ UL \$1M			MNG-IIC-CX0000190-01	08/01/2021	08/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance as respects Colowyo Coal Company, L.P. (Permit #C-81019). Includes use of Explosives

CERTIFICATE HOLDER

Colorado Mined Land Reclamation Mined Land Division
1313 Sherman Street, RM 215
Denver CO 80203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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