



August 2, 2023

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. 250**  
**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 250 (MR-250) to Permit No. C-1981-019. MR-250 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) 824-1232 at your convenience.

Sincerely,

DocuSigned by:  
A handwritten signature in black ink that reads "Chris Gilbreath".  
D250C711D0BF450...

Chris Gilbreath  
Senior Manager,  
Remediation and Reclamation

CG:TT:der

Enclosure

cc: Foster Beckett (BLM-LSFO)  
Tony Tennyson (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 1, 2023**

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

Revision Description: **MR-250 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

Mine Company Name: Colowyo Coal Company

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

Date: **August 1, 2023**

Revision Description: **MR-250 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
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)

08/01/2023

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).

<b>PRODUCER</b> Hays Companies, Inc. 80 South 8th Street Suite 700 Minneapolis MN 55402	<b>CONTACT NAME:</b> Lacey Skalicky or Kathy Beatty <b>PHONE (A/C, No, Ext):</b> (515) 802-3006 <b>FAX (A/C, No):</b> (515) 802-3032 <b>E-MAIL ADDRESS:</b> lacey.skalicky@bbrown.com														
<b>INSURED</b> 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</td><td>35408</td></tr><tr><td>INSURER B : Great Midwest Insurance Company</td><td>18694</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	35408	INSURER B : Great Midwest Insurance Company	18694	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES**

CERTIFICATE NUMBER: 2023-2024

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-0000347-03	08/01/2023	08/01/2024	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 - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MNG-GM-CX-0000281-00	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE OTH-ER 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****CANCELLATION**

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