

**CERTIFICATE OF INSURANCE**

**Certificate Holder:**

Railroad Commission of Texas  
Surface Mining and Reclamation Division  
P. O. Box 12967  
Austin, Texas 78711-2967  
Telephone: (512) 463-6900

**Insured:**

I hereby certify that I have legal authority to represent and have the knowledge to certify that the Insured has in force a public liability insurance policy (or policies) issued by an insurance company (or companies) authorized to conduct business in the State of Texas covering all surface mining and reclamation operations of the Insured associated with \_\_\_\_\_. Documentation to support this legal authority (letter appointing agent or power of attorney) is attached.

I further certify that said liability insurance provides for coverage of bodily injury and property damage in an amount adequate to compensate all persons injured or property damaged as a result of surface coal mining and reclamation operations associated with \_\_\_\_\_, including damages resulting from the use of explosives (where pertinent) and damage to water wells, and that said coverage is not less than the following minimum required amounts:

<b>Bodily Injury:</b>	<b>\$500,000 (Each occurrence)</b>	<b>\$1,500,000 (Aggregate)</b>
<b>Property Damage:</b>	<b>\$500,000 (Each Occurrence)</b>	<b>\$1,000,000 (Aggregate)</b>

The names and addresses of all insurance companies providing said liability insurance, and individual policy numbers and expiration dates are attached hereto or listed as follows:

\_\_\_\_\_

I further certify that each of the policies referenced in this certificate includes an endorsement requiring the Insurer to notify the Certificate Holder whenever substantive changes are made in a policy, including any termination or failure to renew.

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder, nor does it amend, extend or alter the insurance coverage afforded by the policy or policies described.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed or Typed Name

Title: \_\_\_\_\_

Representing: \_\_\_\_\_