

Document Information Form

Mine Number: C/007/004

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: JULY 15, 1994

Explanation:

CERTIFICATE OF INSURANCE

cc:

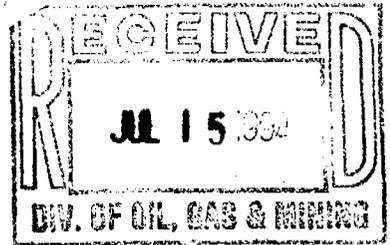
File in: C/007,004, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

Certificate of Insurance



TO: Castlegate Coal Company
 Address: P.O. Box 449
 Helper, Utah 84526
 Attn: Tom Hurst

Date: May 19, 1994
 Re: Castlegate Mine
 Permit No. ACT-007-004
 Carbon County, Utah

This is to certify that the policies designated below are in force on the date borne by this Certificate.

NAME OF INSURED: Cyprus Amax Minerals Company and its subsidiary Companies including
 Amax Coal Company
Address: 9100 East Mineral Circle
 Englewood, CO 80112

TYPE OF INSURANCE	POLICY #	POLICY PERIOD	POLICY LIMITS/VALUES
A) Commercial General Liability - Claims Made, Retro Date: 4/1/94 a) All States b) Texas	GL3197125 GL3197127	04/01/94 - 04/01/95	\$6,000,000 General Aggregate \$6,000,000 Product/Completed Operations Aggregate \$2,000,000 Personal and Advertising Injury \$2,000,000 Each Occurrence \$2,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
B) Auto Liability a) All States b) Texas	CA1431816 CA1431819	04/01/94 - 04/01/95	\$2,000,000 CSL Each Occurrence

Commercial General Liability includes X, C, and U Coverage.

This certificate voids and supersedes certificate dated May 18, 1994 to Castlegate Coal Company.

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by those policy(ies) which numbered above and which issued by companies listed below.

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will ~~underwrite~~ mail 45 days written notice to the above named certificate holder; ~~but failure to mail such notice shall impose no obligation of~~

INSURANCE COMPANY(IES) ISSUING COVERAGE:

A) & B) National Union Fire Ins. Co.



2000 Bering Dr., Suite 900
 Houston, Texas 77057
 P.O. Box 36429
 Houston, Texas 77236-6429
 Phone: 713/783-6640
 Int'l Telex 166 283 or 166 284
 Telecopier 713/783-7241

File in:
 Confidential
 Shelf
 Expandable
 Refer to Record No. 0042 Date _____
 In C/ 007, 004, Incoming
 For additional information _____

By [Signature]
 Authorized Representative