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State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt
Governor

Ted Stewart
Executive Director

James W. Carter
Division Director

355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203
801-538-5340
801-359-3940 (Fax)
801-538-5319 (TDD)

April 18, 1994

Mr. John Borla
Manager, Technical Services
AMAX Coal Company
P.O. Box 449
Helper, Utah 84526

Re: Certificate of Insurance, Castle Gate Mines, Amax Coal Company, ACT/007/004, Folder #4, Carbon County, Utah

Dear Mr. Borla:

The Division received an updated Certificate of Insurance from Cyprus Amax Minerals Company on April 8, 1994. This Certificate of Insurance is not in the required form. There are several items that must be corrected on the attached Certificate of Insurance including:

1) The retroactive date for "Claims Made" must be noted,
2) The description of operations must include the mine name and mine number,
3) The Certificate of Insurance must note if explosives coverage (XCU) is included,
4) The Cancellation Notice must delete "will endeavor to" and state essentially that the issuing company **will** notify the Division by mail at least **45** days prior to the cancellation of any of the described policies, and
5) The insured is noted as Cyprus Amax Minerals Company, but Amax Coal Company is the permittee. This discrepancy could be explained in a letter.

If you have any questions, please call me.

Sincerely,

Pamela Grubaugh-Littig
Permit Supervisor

Enclosure
cc/enc: Paul Baker
Daron Haddock

Copy PAM Pam File ACT/007/004 #4

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 4/04/94

PRODUCER

Frenkel & Co., Inc.
123 William Street
New York, NY 10038

212-267-2200

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 C(

COMPANY LETTER A National Union Fire In

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

Cyprus Amax Minerals Company
9100 East Mineral Circle
Englewood, CO 80112

5

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	
	GENERAL LIABILITY				GENERAL AGGREGATE	$ 6,000,000
A	X COMMERCIAL GENERAL LIABILITY	GL3197125 (ALL STATES	4/01/94	4/01/95	PRODUCTS-COMP/OP AGG.	$ 6,000,000
	X CLAIMS MADE ☐ OCCUR.	GL3197126 (WYOMING)	4/01/94	4/01/95	PERSONAL & ADV. INJURY	$ 2,000,000
	OWNER'S & CONTRACTOR'S PROT.	GL3197127 (TEXAS)	4/01/94	4/01/95	EACH OCCURRENCE	$ 2,000,000
					FIRE DAMAGE (Any one fire)	$ 2,000,000
					MED. EXPENSE (Any one person)	$ 10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$ 2,000,000
A	X ANY AUTO	CA1431816 (ALL STATES	4/01/94	4/01/95		
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS	CA1431818 (WYOMING)	4/01/94	4/01/95		
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS	CA1431819 (TEXAS)	4/01/94	4/01/95		
	GARAGE LIABILITY				PROPERTY DAMAGE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
	OTHER					
	3 XCU included					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

2 MINE Name & NUMBER
1 Retroactive to ? (date)

CERTIFICATE HOLDER

State of Utah
Division of Oil and Gas
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, UT 84180

CANCELLATION

4 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDEAVOR TO~~ MAIL ~~30~~ 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 [signature] 014129000

ACORD 25-S (7/90)

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	National Union Fire Ins. Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

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Englewood, CO 80112

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	AUTOMOBILE LIABILITY					
A	X ANY AUTO	CA1431816 (ALL STATES	4/01/94	4/01/95	COMBINED SINGLE LIMIT	$ 2,000,000
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS	CA1431818 (WYOMING)	4/01/94	4/01/95		
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS	CA1431819 (TEXAS)	4/01/94	4/01/95		
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AUTHORIZED REPRESENTATIVE

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