ACT/007/004 Original in folder

0034

Certificate of Insurance

RECEIVED
JUL 03 1996
DIV. OF OIL, GAS & MINING

Copy to #4 Folder

TO: State of Utah
Address: Division of Oil, Gas and Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, UT 84180-1203
Fax to: Johnny Pappas - 801-637-2247

Date: June 26, 1996
Re: Castle Gate Mines
Permit No. ACT/007/004
Folder No. 4
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 et al 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	RMGL1437605	07/01/96 - 07/01/97	$ 6,000,000 General Aggregate $ 6,000,000 Products/Completed Operations Aggregate $ 1,000,000 Personal and Advertising Injury $ 1,000,000 Each Occurrence $ 1,000,000 Fire Damage (Any One Fire) $ 10,000 Medical Expense (Any One Person)
B)	Auto Liability	RMCA1438600	07/01/96 - 07/01/97	$ 2,000,000 CSL Each Occurrence
C)	Workers' Compensation Employers' Liability Other States	OC-01611903	09/01/96 - 09/01/97	WC: Statutory EL: $1,000,000 Each Accident $1,000,000 Disease - Policy Limit $1,000,000 Disease - Each Employee
D)	Workers' Compensation Employers' Liability (Amax Gold) CA/SC	OC-01611603	09/01/96 - 09/01/97	WC: Statutory EL: $1,000,000 Each Accident $1,000,000 Disease - Policy Limit $1,000,000 Disease - Each Employee
E)	Workers' Compensation Employers' Liability (Amax Gold) Alaska	OC-01690602	09/01/96 - 09/01/97	WC: Statutory EL: $1,000,000 Each Accident $1,000,000 Disease - Policy Limit $1,000,000 Disease - Each Employee
F)	Excess Workers' Compensation	EX342	09/01/96 - 09/01/97	Statutory Excess of a Self Insured Retention: $1,000,000 any one occurrence

Commercial General Liability includes X, C, U Coverage.

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

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company XXXXXXXXXXXX mail 45 days written notice to the above named certificate holder, XXXXXXXXXXX