

0003

file ACT/007/006 #2



CYPRUS-PLATEAU MINING CORP.

An Affiliate of Cyprus Coal Company
P.O. Drawer PMC Price, Utah 84501
Telephone (801) 637-2875

RECEIVED
DEC 7 1987

DIVISION OF
OIL, GAS & MINING

December 3, 1987

Mr. Lowell Braxton
Division of Oil, Gas & Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

Re: **Certificate of Liability Insurance Coverage**

Dear Mr. Braxton:

Cyprus-Plateau Mining Corporation previously had its insurance company supply the Division a certificate of insurance that clearly shows the items in question in your November 24, 1987 letter. A copy of the certificate is attached.

As you can see on the copy of the certificate, the effective date is shown as well as the amount of coverage, types of coverage and a cancellation notice statement.

We believe that the insurance certificate currently on file in your office fulfills the requirements of UMC 800.60 and no further information is required.

Insurance certificates have been sent to the Division for the duration of the previous permit.

Respectfully,

Ben Grimes
Ben Grimes

BG:pb

File No. ENV 2-5
Chrono No. BG 87-1202

*Joly/Pan - Sounds like we may have to establish a position on this. Please advise.
LGB 12-7*

PLATEAU



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

07/01/87

PRODUCER

 Fred. S. James & Co. of Colo., Inc.
 Crump/Warren & Sommer
 720 South Colorado Boulevard
 Denver, Colorado 80222-1910

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 COVERAGE

COMPANY LETTER A	Old Republic Insurance Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED
 Plateau Mining Company
 c/o Cyprus Minerals Company
 7200 South Alton Way
 P.O. Box 3299
 Englewood, CO. 80155

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	ZZ50105	07-01-87	07-01-88	GENERAL AGGREGATE \$ 2,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE \$ 2,000	
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				PERSONAL & ADVERTISING INJURY \$ 2,000	
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				EACH OCCURRENCE \$ 2,000	
					FIRE DAMAGE (ANY ONE FIRE) \$	
					MEDICAL EXPENSE (ANY ONE PERSON) \$	
A	AUTOMOBILE LIABILITY	TB13033	07-01-87	07-01-88	CSL \$ 2,000.	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON) \$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT) \$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$	
	<input checked="" type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE \$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				AGGREGATE \$	
	GARAGE LIABILITY					
	EXCESS LIABILITY					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	
					\$ (EACH ACCIDENT)	
					\$ (DISEASE-POLICY LIMIT)	
					\$ (DISEASE-EACH EMPLOYEE)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

(4)

CERTIFICATE HOLDER

TO WHOM IT MAY CONCERN

State of Utah
 Division of Oil, Gas & Mining
 355 W. North Temple
 3 Triad Center, Suite 350
 Salt Lake City, Utah 84180-1203
 Attn: Pamela Grubach-Littig

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 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

Del Burrian

R# 440