

0014

ACT/007/006  
Folder #4

RECEIVED

SEP 15 1989

DIVISION OF  
OIL, GAS & MINING

Cyprus Plateau Mining Corporation  
P.O. Drawer PMC  
Price, Utah 84501  
(801) 637-2875



September 13, 1989

Mr. Richard Smith  
State of Utah Natural Resources  
Division of Oil, Gas & Mining  
355 West North Temple  
3 Triad Center, Suite 350  
Salt Lake City, UT 84180-1203

Re: Certificate of Insurance Binder

Dear Mr. Smith:

I received the enclosed binder from our insurance company; it needs to go with the materials I sent you on September 1.

Respectfully,

A handwritten signature in cursive script that reads 'Ben Grimes'.

Ben Grimes  
Sr. Environmental Engineer

/kam

Enclosure

Chrono: BG890902

File: ENV 2-5-2-15-3-6

# JAMES

FRED.S.JAMES&CO.,INC. P. O. Box 19810, Knoxville, Tennessee 37939-2810 615 584-2222 615 588-9755 FAX  
Corporate Services Unit

August 31, 1989

Mr. Ben Grimes  
Cyprus Plateau Mining Corporation  
23 miles South of Price  
Price, Utah 84501

RE: Utah Liability Certificate of Insurance

Dear Mr. Grimes:

Enclosed please find a copy of an insurance binder showing evidence of General Liability insurance.

I have already previously forwarded to you the special certificate for Utah. This binder needs to go in your package with the certificate I previously forwarded to you.

Should you have any questions, please let us know.

Sincerely,



Lisa Hughes  
Client Service Agent

LH  
Enclosure

# ACORD INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

08/15/89

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

**PRODUCER**  
 Fred S. James & Co., Inc. of Knoxville  
 P O Box 19810  
 Knoxville, Tennessee 37939-2810

**COMPANY** National Union Fire  
 Ins. Co. of Pittsburgh, PA.  
**ENDORSEMENT** Policy No.  
 RMGLA 459-6951

EFFECTIVE		EXPIRATION	
DATE	TIME	DATE	TIME
07/01/89	12:01	07/01/90	12:01 AM

**INSURED**  
 Cyprus Minerals Company and Subsidiaries

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:  
 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

**COVERAGES** ALL LIABILITY LIMITS IN THOUSANDS

TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	COINSUR.
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC.				
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.		GENERAL AGGREGATE \$ 4,000 PROD. — COMP/OPS AGGREGATE \$ 2,000 PERSONAL & ADVTSNG. INJURY \$ 2,000 EACH OCCURRENCE \$ 2,000 FIRE DAMAGE (Any one fire) \$ 2,000 MED. EXPENSE (Any one person) \$ N/A		
<b>AUTOMOBILE</b> <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES LIABILITY NON/OWNED HIRED GARAGE		CSL \$ BI PERS/ACCID \$ PD \$ MED. PAY \$ PIP \$ UM \$		
<b>AUTO PHYSICAL DAMAGE</b> <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION DED. OTC DED:		ACV STATED AMOUNT \$ OTHER		
<b>EXCESS LIABILITY</b> UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	AGGREGATE	SELF-INSURED RETENTION
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE-POLICY LIMIT) \$ (DISEASE-EACH EMPLOYEE)		

SPECIAL CONDITIONS/RESTRICTIONS/OTHER COVERAGES

**NAME & ADDRESS**

MORTGAGEE  
 LOSS PAYEE  
 LOAN #

ADDITIONAL INSURED

AUTHORIZED REPRESENTATIVE  
  
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