

Document Information Form

Mine Number: C/007/006

File Name: Incoming

To: DOGM

From:

Person N/A

Company FRED. S. JAMES & COMPANY, INC.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in: C/007, 006, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
07/01/89

None Filed

PRODUCER

FRED. S. JAMES & CO., INC.
P. O. BOX 19810
Knoxville, TN 37939
(615)584-2222

CODE _____ SUB-CODE _____

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	A: NATIONAL UNION FIRE INS. CO.
COMPANY LETTER B	B:
COMPANY LETTER C	C:
COMPANY LETTER D	D:
COMPANY LETTER E	E:

INSURED

CYPRUS MINERALS CO.
AND ITS SUBSIDIARY CO.
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. 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)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	RMGLA4596951	07/01/89	07/01/90	GENERAL AGGREGATE \$ 4000	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE \$ 4000	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				PERSONAL & ADVERTISING INJURY \$ 1000	
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				EACH OCCURRENCE \$ 1000	
	<input checked="" type="checkbox"/> PRODUCT/VENDOR				FIRE DAMAGE (ANY ONE FIRE) \$ 1000	
	<input checked="" type="checkbox"/> XCU				MEDICAL EXPENSE (ANY ONE PERSON) \$ 0	
	<input type="checkbox"/>					
A	AUTOMOBILE LIABILITY	RMBA1459616	07/01/89	07/01/90	COMBINED SINGLE LIMIT \$ 1000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON) \$ 0	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT) \$ 0	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$ 0	
	<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS						
<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY		/ /	/ /	EACH OCCURRENCE \$ 0	AGGREGATE \$ 0
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	STATUTORY \$ 0 (EACH ACCIDENT)	\$ 0 (DISEASE-POLICY LIMIT)
					\$ 0 (DISEASE-EACH EMPLOYEE)	
	OTHER		/ /	/ /		

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

CYPRUS PLATEAU MINING CORPORATION

CERTIFICATE HOLDER

STATE OF UTAH, I
355 N.W. TEMPLE
B TRIAD CENTER,
SALT LAKE CITY, U

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No. 0025 Date _____
In C/ 007, 006, Incoming

For additional information

THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EX-THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE RE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. RESENTATIVE

W. Smith



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
07/01/89

None File

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P. O. BOX 19810
Knoxville, TN 37939
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ENGLEWOOD, CO 80155

COVERAGES

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	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	STATUTORY	
					\$ 0 (EACH ACCIDENT)	
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					\$ 0 (DISEASE-EACH EMPLOYEE)	
OTHER			/ /	/ /		

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CYPRUS PLATEAU MINING CORPORATION

CERTIFICATE HOLDER

STATE OF UTAH, DIV. OIL & GAS
355 N.W. TEMPLE
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UT 84180

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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