

Document Information Form

Mine Number: CI007/006

File Name: Incoming

To: DOGM

From:

Person N/A

Company Sedgwick James of TN, INC.

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

cc:

File in: CI 007, 006, Incoming

- Refer to:
- Confidential
 - Shelf
 - Expandable

Date _____ For additional information

ACORD CERTIFICATE OF INSURANCE

Copy FAM
 ISSUE DATE (MM/DD/YY)
File Act 1007/006 #401
file

PRODUCER
 SEDGWICK JAMES OF TN, INC.
 P. O. BOX 19810
 KNOXVILLE, TN 37939
 (615) 584-9101

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

INSURED
 CYPRUS MINERALS CO.
 AND ITS SUBSIDIARY CO.
 P. O. BOX 3299
 ENGLEWOOD, CO 80155

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:

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)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CM CLAIMS MADE OCCUR. <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> PRODUCT/VENDOR <input checked="" type="checkbox"/> XCU	RMGLCM2498446	07/01/90	07/01/99	GENERAL AGGREGATE \$ 4000 PRODUCTS-COMP/OPS AGGREGATE \$ 2000 PERSONAL & ADVERTISING INJURY \$ 2000 EACH OCCURRENCE \$ 2000 FIRE DAMAGE (Any one fire) \$ 2000 MEDICAL EXPENSE (Any one person) \$ 0
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	RMGLCM29438	07/01/90	07/01/99	COMBINED SINGLE LIMIT \$ 1000 BODILY INJURY (Per person) \$ 0 BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE \$ 0
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM	DIVISION OF OIL, GAS & MINING	/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE-POLICY LIMIT) \$ (DISEASE-EACH EMPLOYEE)
	OTHER		/ /	/ /	

RECEIVED
 JUL 02 1990

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

CYPRUS PLATEAU MINING CORPORATION

CERTIFICATE HOLDER

STATE OF UTAH, DIV. /O
 355 N.W. TEMPLE
 3 TRIAD CENTER, SUITE
 SALT LAKE CITY, UT 84102

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No. 0026 Date _____
 In Cl. 007, 006, Incoming
 For additional information

DESCRIBED POLICIES BE CANCELLED BEFORE THE THE ISSUING COMPANY WILL ENDEAVOR TO NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

John W. Smith

ACORD CERTIFICATE OF INSURANCE

Copy FAM
 ISSUE DATE (MM/DD/YY)
File Act 1007/006 #401
file

PRODUCER
 SEDGWICK JAMES OF TN, INC.
 P. O. BOX 19810
 KNOXVILLE, TN 37939
 (615) 584-9101

CODE **SUB-CODE**

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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

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$ 4000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 2000
	<input type="checkbox"/> CM CLAIMS MADE OCCUR.				PERSONAL & ADVERTISING INJURY	\$ 2000
A	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	RMGLCM2498446	07/01/90	07/01/90	EACH OCCURRENCE	\$ 2000
	<input checked="" type="checkbox"/> PRODUCT/VENDOR				FIRE DAMAGE (Any one fire)	\$ 2000
	<input checked="" type="checkbox"/> XCU				MEDICAL EXPENSE (Any one person)	\$ 0
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$ 1000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 0
A	<input type="checkbox"/> ALL OWNED AUTOS	RMGLCM29438	07/01/90	07/01/90	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	DIVISION OF OIL, GAS & MINING	/ /	/ /	EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	STATUTORY	\$
					\$ (EACH ACCIDENT)	<input checked="" type="checkbox"/>
					\$ (DISEASE—POLICY LIMIT)	<input checked="" type="checkbox"/>
					\$ (DISEASE—EACH EMPLOYEE)	<input checked="" type="checkbox"/>
	OTHER		/ /	/ /		

RECEIVED
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/REGISTRATION/SPECIAL ITEMS
 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 84108

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