

Document Information Form

Mine Number: C/007/006

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

ISSUE DATE (MM/DD/YY)

06/24/92

Original 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.

Copy ACT/007/006 #4

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 COMPANY
AND ITS SUBSIDIARY CO.
P. O. BOX 3299
ENGLEWOOD, CO 80155

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)	LIMITS
A	GENERAL LIABILITY	RMGL3264828	07/01/92	07/01/93	GENERAL AGGREGATE \$4,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$2,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$2,000,000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> PRODUCT/VENDOR				FIRE DAMAGE (Any one fire) \$2,000,000
	<input checked="" type="checkbox"/> XCU (EXPLOSIVES)				MED. EXPENSE (Any one person) \$ 0
A	AUTOMOBILE LIABILITY	RMCA1428744	07/01/92	07/01/93	COMBINED SINGLE LIMIT \$1,000,000
	<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
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 0
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	STATUTORY LIMITS
					EACH ACCIDENT \$ 0
					DISEASE-POLICY LIMIT \$ 0
					DISEASE-EACH EMPLOYEE \$ 0
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CYPRUS PLATEAU MINING CORP. - THE ATTACHED POLICY SUMMARY IS MADE A PART OF THIS CERTIFICATE OF INS. THIS CERTIFICATE OF INS. APPLIES TO STAR POINT #1 & #2 MINES, PERMIT NO. ACT/007/006 THIS IS A CLAIMS MADE POLICY

CERTIFICATE HOLDER

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

CANCELLATION (SEE ATTACHED)

~~IF ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL BE RESPONSIBLE FOR THE COST OF THE POLICY FOR THE PERIOD OF THE CERTIFICATE OF INSURANCE TO THE EXTENT OF THE POLICY LIMITS. THE COMPANY SHALL IMPROVE THE COST OF THE POLICY TO THE EXTENT OF THE POLICY LIMITS. THE COMPANY IS AGENT FOR THE POLICY.~~

AUTHORIZED REPRESENTATIVE

Michael Arnold

BROKERS STATEMENT

The retroactive date of this policy is 7-1-92. It is the underwriters position that no occurrences prior to the above stated date will be covered by this primary policy number RMGL3264828.

To our knowledge no extended reported period options offered by prior primary general liability policies have been purchased or otherwise activated.

The optional extended reporting period under this policy is 60 days, which has not been activated at this time.

Signed: Melanie Conzillo

Date: 6/25/92

CERTIFICATE CANCELLATION

(The following replaced wording contained on the face of the certificate of insurance).

Should any of the above described policies be changed and/or cancelled before expiration date thereof, the issuing company will mail (certified) 45 days written notice to the certificate holder named.

Signed: 61 Malcolm Ansell

Date: 6/25/92

Policy Number: RMGL3264828

Certificate Number: N/A

CYPRUS MINERALS COMPANY
INSURANCE AND RISK MANAGEMENT DEPARTMENT
INSURANCE SUMMARY REPORT

Page Number:

Report Date: 06/24/92

Client Code: 4430
Client Name: CYPRUS MINERALS CO.

Policy line being summarized: GL
Policy coverage name: GENERAL LIABILITY

Named Insured: CYPRUS MINERALS COMPANY

Insurer's Name: NATIONAL UNION FIRE Best's Rating: A+XV

Policy Number: RMGL3264828 Policy Form: CM

Policy Inception Date: 07/01/92 Expiration Date: 07/01/93
Policy Retro. Date: 07/01/92

Deposit Premiums: \$ Loss Sensitive? YES
Final Audit Premium \$
Policy Limits: \$2,000,000/\$4,000,000

Report Claims to: SEDGWICK JAMES OF TENNESSEE, INC.
Street Address: 4700 OLD KINGSTON PIKE
P.O. Box: 19810
City: KNOXVILLE State: TN Zip: 37939

The following will show any known special claims reporting requirements.

AIGRM REQUIRES THAT ALL CLAIMS THAT MIGHT BE COVERED UNDER THIS POLICY BE REPORTED TO SEDGWICK JAMES OF TENNESSEE REGARDLESS OF SIZE. FAILURE TO REPORT SUCH CLAIMS COULD JEOPARDIZE THE INSURER'S RELATIONSHIP OR LEGAL STATUS IN ANY GIVEN STATE.

Is this a shared layer policy? (Y/N) NO
Describe layer participation.

Explain any special limits.

Deductibles Applicable: \$
Describe special deductibles.

Is there required underlying coverage? (Y/N) NO
Describe underlying insurers and limits.

Rating Basis: LOSS AND EXPENSE
Rating Base Values: LOSSES

Notable Policy Provisions:

EXCLUSIONS:

1. Bodily injury or property damage expected or intended and or which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement and intoxication, furnishing of alcoholic beverages.
2. Workers Compensation
3. Pollutants
4. Ownership, maintenance, use or entrustment to others of any aircraft, auto, or watercraft greater than 26 feet.
5. Mobile equipment
6. War
7. Property in your care, custody or control
8. Property damage to your product
9. Damages claimed for any loss for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of: your product, your work, or impaired property.
10. Nuclear Energy
11. Asbestos
12. Radioactive Matter

General Comments and Observations:

BROKER: SEDGWICK JAMES OF TENNESSEE, INC.
ADDRESS: P. O. BOX 19810
KNOXVILLE, TENNESSEE 37939
PHONE: 615-584-9101
FAX: 615-588-9755 OR 615-588-1153

SERVICE PROVIDER: RISK RESOURCES GROUP, INC.
4823 OLD KINGSTON PIKE, SUITE 170
KNOXVILLE, TENNESSEE 37919

Page Number:

PHONE: 615-584-5450

FAX: 615-584-5870

POLICY TERRITORY: USA, CANADA AND PUERTO RICO

NOTABLE MARKETING AND UNDERWRITING COMMENTS:

UNDERWRITER'S NAME: Ms. Melanie Averill

AIGRM

5 CONCOURSE PARKWAY, SUITE 900

ATLANTA, GEORGIA 30328

PHONE: 404-671-2233

FAX: 404-399-4146

Information Input By: LISA HUGHES

Date of Last Entry: 06/24/92

Record Number: GL16
