

0039



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

File ACT1002/006 #4

FACSIMILE TRANSMISSION

TO: Pam LITIG

FROM: Ben GRIMES

COMPANY:

COMPANY:

DEPT./MAIL CODE:

DEPT./MAIL CODE:

This is page #1 of 3 pages.

Date: 7/6/93

Time: 8:30  a.m.  p.m.

To acknowledge transmission, or if you do not receive all pages of this transmission, please call:

Name: At (801)637-2875, Extension:

Message/Comment:

AS LAST YEAR, UNDER GENERAL LIABILITY,  
XCU COVERS EXPLOSIVES.

For Return FAX, dial (801) 637-2247 (Direct Line)

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

06/22/93

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.

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

### COMPANIES AFFORDING COVERAGE

COMPANY LETTER <b>A</b>	A: NATIONAL UNION FIRE INS. CO.
COMPANY LETTER <b>B</b>	B:
COMPANY LETTER <b>C</b>	C:
COMPANY LETTER <b>D</b>	D:
COMPANY LETTER <b>E</b>	E:

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

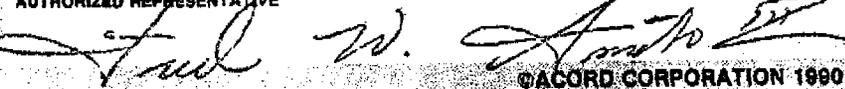
**COVERAGES**  
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY 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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CM CLAIMS MADE <input type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> CP OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> X PRODUCT/VENDOR <input checked="" type="checkbox"/> X XCU	RMGL1759461	07/01/93	07/01/94	GENERAL AGGREGATE \$ 4,000,000
					PRODUCTS-COMP/OP AGG. \$ 2,000,000
					PERSONAL & ADV. INJURY \$ 2,000,000
					EACH OCCURRENCE \$ 2,000,000
					FIRE DAMAGE (Any one fire) \$ 2,000,000
					MED. EXPENSE (Any one person) \$ 0
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> AA 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	RMCA1431101	07/01/93	07/01/94	COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person) \$ 0
					BODILY INJURY (Per accident) \$ 0
					PROPERTY DAMAGE \$ 0
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		/ /	/ /	EACH OCCURRENCE \$ 0 AGGREGATE \$ 0
	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 CORPORATION

**CERTIFICATE HOLDER**  
 CYPRUS PLATEAU MINING CORPORATION  
 MR. BEN GRIMES  
 P. O. DRAWER PMC  
 PRICE, UT 84501

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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  


# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

07/01/93

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**PRODUCER**

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

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER <b>A</b>	A: OLD REPUBLIC INSURANCE CO.
COMPANY LETTER <b>B</b>	B:
COMPANY LETTER <b>C</b>	C:
COMPANY LETTER <b>D</b>	D:
COMPANY LETTER <b>E</b>	E:

**INSURED**

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

**COVERAGE**

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								
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$ 0								
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 0								
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$ 0								
	OWNER'S & CONTRACTOR'S PROT.		/ /	/ /	EACH OCCURRENCE \$ 0								
					FIRE DAMAGE (Any one fire) \$ 0								
					MED. EXPENSE (Any one person) \$ 0								
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$ 0								
	ANY AUTO				BODILY INJURY (Per person) \$ 0								
	ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$ 0								
	SCHEDULED AUTOS				PROPERTY DAMAGE \$ 0								
	HIRED AUTOS												
	NON-OWNED AUTOS												
	GARAGE LIABILITY												
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$ 0								
	UMBRELLA FORM		/ /	/ /	AGGREGATE \$ 0								
	OTHER THAN UMBRELLA FORM												
<b>A</b>	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	0C00404606	07/01/93	07/01/94	<table border="0"> <tr> <td colspan="2">STATUTORY LIMITS</td> </tr> <tr> <td>EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>DISEASE-POLICY LIMIT</td> <td>\$ 500,000</td> </tr> <tr> <td>DISEASE-EACH EMPLOYEE</td> <td>\$ 100,000</td> </tr> </table>	STATUTORY LIMITS		EACH ACCIDENT	\$ 100,000	DISEASE-POLICY LIMIT	\$ 500,000	DISEASE-EACH EMPLOYEE	\$ 100,000
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EACH ACCIDENT	\$ 100,000												
DISEASE-POLICY LIMIT	\$ 500,000												
DISEASE-EACH EMPLOYEE	\$ 100,000												
<b>A</b>	<b>EXCESS W.C.</b>	EX316	07/01/93	07/01/94	STAT. XS OF \$1MM SIR								

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

EXCESS W.C. APPLIES TO UTAH

**CERTIFICATE HOLDER**

CYPRUS PLATEAU MINING CORPORATION  
MR. BEN GRIMES  
P. O. DRAWER PMC  
PRICE, UT 84501

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

*Frederic W. Smith*