

Document Information Form

Mine Number: C/007/006

File Name: Incoming

To: DOGM

From:

Person N/A

Company ENERGY INSURANCE INTERNATIONAL

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

*Orig. fireproof file
copy to #4 & #20*

TO: State of Utah
 Address: Division of Oil, Gas and Mining
 355 West North Temple
 3 Triad Center, Suite 350
 Salt Lake City, UT 84180-1203

Date: April 17, 1995
 Re: Star Point #1 & #2 Mines
 Permit No. ACT/007/006

This is to certify that the policies designated below are in force on the date borne by this Certificate.
 Cyprus Amax Minerals Company including Cyprus Plateau Mining Corp.

NAME OF INSURED: 9100 East Mineral Circle
 Address: Englewood, CO 80112

TYPE OF INSURANCE	POLICY #	POLICY PERIOD	POLICY LIMITS/VALUES
A) Commercial General Liability - Claims Made - Retro Date 4/1/94 a) All States b) Texas	GL3197125 GL3197127	04/01/94 - 07/01/95	\$6,000,000 General Aggregate \$6,000,000 Product/Completed Operations Aggregate \$2,000,000 Personal and Advertising Injury \$2,000,000 Each Occurrence \$2,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
B) Auto Liability a) All States b) Texas	CA1431816 CA1431819	04/01/94 - 07/01/95	\$2,000,000 CSL Each Occurrence

Commercial General Liability includes X, C, U Coverage.

This Certificate of Insurance voids and supercedes Certificate of Insurance to State of Utah dated March 29, 1995

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by those policy(ies) numbered above and issued by companies listed below.

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 45 days written notice to the above named certificate holder, ~~by registered mail or by certified mail, return receipt requested, or by first class mail with return receipt requested, or by any other means which provide proof of delivery to the certificate holder.~~

SEVERAL LIABILITY NOTICE (I SW 1001)

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File in:

- Confidential
- Shelf
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Refer to Record No. 0018 Date _____
 In C/007, 006, Incoming

For additional information

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2000 Bering Dr., Suite 900
 Houston, Texas 77057
 P.O. Box 36429
 Houston, Texas 77236-6429
 Phone: 713/783-6640
 Telecopier: 713/783-7241

By _____

[Handwritten Signature]

Certificate of Insurance

*Orig. fireproof file
copy to #4 JFO*

TO: State of Utah
 Address: Division of Oil, Gas and Mining
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 3 Triad Center, Suite 350
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SEVERAL LIABILITY NOTICE (LSW 1001)

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

INSURANCE COMPANY(IES) ISSUING COVERAGE:

A)&B) National Union Fire Insurance Company
 of Pittsburgh PA



2000 Bering Dr., Suite 900
 Houston, Texas 77057
 P.O. Box 36429
 Houston, Texas 77236-6429
 Phone: 713/783-6640
 Telecopier: 713/783-7241

By _____

[Handwritten Signature]