

### Document Information Form

Mine Number: C/007/006

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: N/A

Explanation:

CERTIFICATE OF INSURANCE.

\_\_\_\_\_

\_\_\_\_\_

cc:

File in: CI 007 , 006 , Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date \_\_\_\_\_ For additional information

# Certificate of Insurance

*Original to fireproof file*  
*Copy to #4 Permit Binders*  
*SLC = PFO*

TO: State of Utah  
 Address: Division of Oil, Gas and Mining  
 1594 West North Temple, Suite 1210  
 P.O. Box 145801  
 Salt Lake City, UT 84114-5801

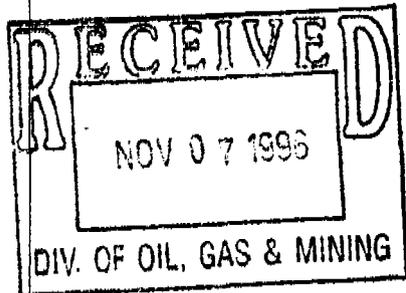
Date: October 30, 1996  
 Re: Star Point #1 & #2 Mines  
 Permit No. ACT/007/006  
 Fax to:  
 Ben Grimes  
 801-637-2247

This is to certify that the policies designated below are in force on the date borne by this Certificate.

NAME OF INSURED: Cyprus Amax Minerals Company et al including Cyprus Plateau Mining Corp.  
 9100 East Mineral Circle  
 Englewood, CO 80112  
 Address:

| TYPE OF INSURANCE  | POLICY #    | POLICY PERIOD       | POLICY LIMITS / VALUES  |
|--|-------------|---------------------|---|
| A) Commercial General Liability - Claims Made<br>Retro Date 4/1/94 | RMGL1437605 | 07/01/96 - 07/01/97 | \$ 6,000,000 General Aggregate<br>\$ 6,000,000 Products/Completed Operations Aggregate<br>\$ 1,000,000 Personal and Advertising Injury<br>\$ 1,000,000 Each Occurrence<br>\$ 1,000,000 Fire Damage (Any One Fire)<br>\$ 10,000 Medical Expense (Any One Person) |
| B) Auto Liability  | RMCA1438600 | 07/01/96 - 07/01/97 | \$ 2,000,000 CSL Each Occurrence  |
| C) Workers' Compensation Employers' Liability Other States         | OC-01611904 | 09/01/96 - 09/01/97 | WC: Statutory<br>EL: \$1,000,000 Each Accident<br>\$1,000,000 Disease - Policy Limit<br>\$1,000,000 Disease - Each Employee   |
| D) Workers' Compensation Employers' Liability Alaska               | OC-01690603 | 09/01/96 - 09/01/97 | WC: Statutory<br>EL: \$1,000,000 Each Accident<br>\$1,000,000 Disease - Policy Limit<br>\$1,000,000 Disease - Each Employee   |
| E) Excess Workers' Compensation                                    | EX351       | 09/01/96 - 09/01/97 | Statutory Excess of a Self Insured Retention: \$1,000,000 any one occurrence  |

Commercial General Liability includes X, C, U Coverage.



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 ~~mail~~ ~~notify~~ ~~the~~ ~~above~~ ~~named~~ ~~certificate~~ ~~holder,~~ ~~by~~ ~~first~~ ~~class~~ ~~mail~~ ~~at~~ ~~least~~ ~~45~~ ~~days~~ ~~written~~ ~~notice~~ ~~to~~ ~~the~~ ~~above~~ ~~named~~ ~~certificate~~ ~~holder,~~ ~~by~~ ~~first~~ ~~class~~ ~~mail~~ ~~at~~ ~~least~~ ~~45~~ ~~days~~ ~~written~~ ~~notice~~ ~~to~~ ~~the~~ ~~above~~ ~~named~~ ~~certificate~~ ~~holder,~~ ~~by~~ ~~first~~ ~~class~~ ~~mail~~ ~~at~~ ~~least~~ ~~45~~ ~~days~~ ~~written~~ ~~notice~~ ~~to~~ ~~the~~ ~~above~~ ~~named~~ ~~certificate~~ ~~holder,~~ ~~by~~ ~~first~~ ~~class~~ ~~mail~~ ~~at~~ ~~least~~ ~~45~~ ~~days~~ ~~written~~ ~~notice~~ ~~to~~ ~~the~~ ~~above~~ ~~named~~ ~~certificate~~ ~~holder,~~ ~~by~~ ~~first~~ ~~class~~ ~~mail~~ ~~at~~ ~~least~~ ~~45~~ ~~days~~ ~~written~~ ~~notice~~ ~~to~~ ~~the~~ ~~above~~ ~~named~~ ~~certificate~~ ~~holder,~~ ~~by~~ ~~first~~ ~~class~~ 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