

Document Information Form

Mine Number: C/007/006

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: JULY 11, 1996

Explanation:

CERTIFICATE OF INSURANCE.

cc:

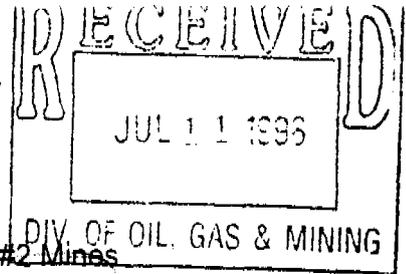
File in: C/007, 006, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

Certificate of Insurance



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
 Fax to: Johnny Pappas - 801-637-2247

Date: July 2, 1996
 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.

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

Address:

True copy file.
CGM FL
[Signature]

TYPE OF INSURANCE	POLICY #	POLICY PERIOD	POLICY LIMITS / VALUES
A) Commercial General Liability -Claims Made Retro Date 4/1/94	RMGL1437605	07/01/96 - 07/01/97	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 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-01611903	09/01/95 - 09/01/96	WC: Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Employee
D) Workers' Compensation Employers' Liability (Amax Gold) CA/SC	OC-01611603	09/01/95 - 09/01/96	WC: Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Employee
E) Workers' Compensation Employers' Liability (Amax Gold) Alaska	OC-01690602	09/01/95 - 09/01/96	WC: Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Employee
F) Excess Workers' Compensation	EX342	09/01/95 - 09/01/96	Statutory Excess of a Self Insured Retention: \$1,000,000 any one occurrence

Commercial General Liability includes X, C, U Coverage.

This certificate voids and supersedes certificate dated June 26, 1996.

~~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, and hereby mail 45 days written notice to the above named certificate holder, you shall not be liable for such cancellation or for any other liability or obligation of the issuing company or this agency.~~

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 obligation

INSURANCE COMPANY(IES) ISSUING COVERAGE:

A)B) National Union Fire Insurance Company of Pittsburgh, PA
 C)D)E)F) Old Republic Insurance Co.

File in:

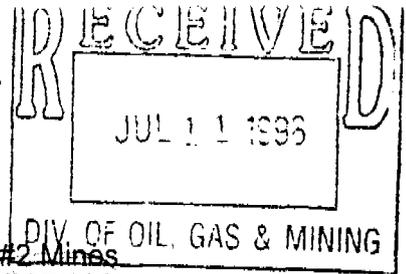
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Refer to Record No. 0018 Date _____
 In C/ 007, 006, Incoming

For additional information

By _____

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AON NATURAL RESOURCES WORLDWIDE



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 Telecopier: 713/783-7241

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A)B) National Union Fire Insurance Company of Pittsburgh, PA
 C)D)E)F) Old Republic Insurance Co.

By Stephen J. McKenna