

### 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: C/007, 006, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

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

# Certificate of Insurance

*Copy to prep work  
Copy to # 4  
e Print  
Buder's*

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: June 26, 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:

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	09/01/96 - 09/01/97	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	09/01/96 - 09/01/97	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	09/01/96 - 09/01/97	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	09/01/96 - 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 endeavor to mail 45 days written notice to the above named certificate holder, but not less than 30 days.

### 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 a 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  
C)D)E)F) Old Republic Insurance Co.

**File in:**

- Confidential
- Shelf
- Expandable

Refer to Record No 0019 Date \_\_\_\_\_  
In C/ 007, 006 Incoming \_\_\_\_\_

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

By \_\_\_\_\_

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*Copy to prep work  
Copy to # 4  
e. Point  
Benders*

TO: State of Utah  
Address: Division of Oil, Gas and Mining  
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D) Workers' Compensation Employers' Liability (Amax Gold) CA/SC	OC-01611603	09/01/96 - 09/01/97	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	09/01/96 - 09/01/97	WC: Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Employee
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AON NATURAL RESOURCES WORLDWIDE  
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Houston, Texas 77236-6429  
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Telecopier: 713/783-7241



INSURANCE COMPANY(IES) ISSUING COVERAGE:

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C)D)E)F) Old Republic Insurance Co.

By Stephen J McKenna