

Document Information Form

Mine Number: C/007/006

File Name: Incoming

To: DOGM

From:

Person N/A

Company N/A

Date Sent: JULY 07, 1997

Explanation:

CERTIFICATE OF INSURANCE.

cc:

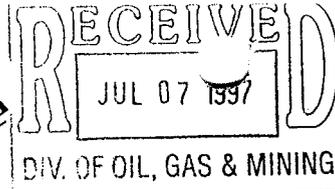
File in:
C/007, 006, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information

Certificate of Insurance



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

Date: June 28, 1997
 Re: Star Point #1 & #2 Mines
 Permit No. ACT/007/006
 Fax to:
 Ben Grimes
 801-637-2247

*Original to
 Ine proof file
 Copy #4
 Green
 Binder
 PFO = 520
 Pam*

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: Other States 4/1/94 Wyoming 4/1/86	RMGL1135325	07/01/97 - 07/01/98	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed \$ 1,000,000 Operations Aggregate \$ 1,000,000 Personal and Advertising \$ 1,000,000 Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
B) Auto Liability	RMCA3207268	07/01/97 - 07/01/98	\$ 2,000,000 CSL Each Occurrence
C) Workers' Compensation Employers' Liability Other States	OC-01611904	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 Alaska	OC-01690603	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) 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 compa

Should any of the above described pol
 45 days written notice to t
 liability of any kind upon the company,

SEVERAL LIABILITY N

The subscribing insurers' obligations t
 which they subscribe are several and
 the extent of their individual subscrip
 not responsible for the subscription of
 for any reason does not satisfy all or

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 In Cl 007, 006, Incoming
 For additional information

pany will endeavor to mail
 all impose no obligation or

Aon Risk Services
 Natural Resources
 Group

Houston, Texas 77057-3790
 430-6590

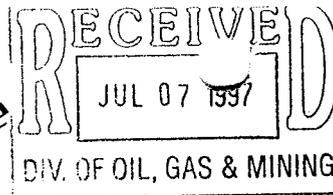
INSURANCE COMPANY(IES) ISSUING COVERAGE:

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

By Steve A. McKimmon

NEEDS TO BE CORRECTED

Certificate of Insurance



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: June 28, 1997
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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

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C) Workers' Compensation Employers' Liability Other States	OC-01611904	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 Alaska	OC-01690603	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) 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 endeavor to mail 45 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, or upon 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 obligations.

INSURANCE COMPANY(IES) ISSUING COVERAGE:
 A)B) National Union Fire Insurance Company of Pittsburgh, PA
 C)D)E) Old Republic Insurance Co.



Aon Risk Services
 Natural Resources Group

Aon Risk Services of Texas, Inc.
 2000 Bering Drive, Suite 900 • Houston, Texas 77057-3790
 tel: (713) 430-6000 • fax: (713) 430-6590

By Steve J. McKimmon

NEEDS TO BE CORRECTED