

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

Aon Risk Services

Orig. Tieproy
Copy #4
FAX #10

State of Utah
Department of Oil, Gas and Mining
1000 North Temple, Suite 1210
Salt Lake City, UT 84114-5801

Re: Star Point #1 & #2 Mines
Permit No. ACT/007/006
Fax to:
Johnny Pappas
435-472-4782

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

The policies of insurance listed below have been issued to the Insured named above for the policy period indicated, notwithstanding any condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Line of Insurance	Policy No.	Policy Period	Policy Limits/Values
General	RMGL6121972	07/01/98 - 07/01/99	\$ 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)

Company(ies) National Union Fire Insurance Company of Pittsburgh, PA

Liability	RMCA3209148	07/01/98 - 07/01/99	\$ 2,000,000 CSL Each Occurrence
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Company(ies) National Union Fire Insurance Company of Pittsburgh, PA

Workers' Compensation	OC-01611906	09/01/98 - 09/01/99	WC: Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Employee
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Company(ies) Old Republic Insurance Co.

Workers' Compensation	EX358	09/01/98 - 09/01/99	Statutory Excess of a Self Insured Retention: \$1,000,000 any one occurrence
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Company(ies) Old Republic Insurance Co.

General Liability includes X, C, U Coverage.

The obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their policies. The subscribing insurers are not responsible for the subscription of any cosubscribing insurer who for any reason does not satisfy all or part of the obligations of any kind upon the company(ies) or this agency.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the terms of the policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of the insurer, will notify the certificate holder by mail 60 days written notice before the expiration date thereof. The certificate holder's failure to receive such notice shall not constitute a breach of any kind upon the company(ies) or this agency.

Aon Risk Services of Texas, Inc.

August 27, 1998

By: Steve J. McKinnon

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0016 Date

In Cl 007, 006, Incoming

For additional information

Aon Risk Services of Texas, Inc.

1000 Bering Drive, Suite 900 • Houston, Texas 77057-3790 • tel: (713) 430-6000 • fax: (713) 430-6590

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