



Cyprus Minerals Company  
9100 East Mineral Circle  
Post Office Box 3299  
Englewood, Colorado 80155  
303-643-5000

August 31, 1992

Arizona State Land Department  
1616 West Adams  
Phoenix, AZ 85007

Attention: Pat Ryan  
Commercial Leasing Administrator

**PROOF OF INSURANCE**

Dear Pat:

Enclosed please find a copy of the renewal of the Certificate of Insurance which was sent by personnel in Cyprus' Insurance Department to the Arizona Land Department at the end of June, 1992.

I'm not sure if the enclosure letter referenced any lease numbers, so listed below are the commercial leases to be covered by the referenced Certificate.

<u>Commercial Lease No.</u>	<u>Company</u>	<u>Cyprus File No.</u>
329	Cyprus Bagdad Copper Corporation	100919
03-970	Cyprus Bagdad Copper Corporation	100921
03-877	Cyprus Bagdad Copper Corporation	100935
03-878	Cyprus Bagdad Copper Corporation	100936
981-01	Cyprus Bagdad Copper Corporation	100937
981-02	Cyprus Bagdad Copper Corporation	100938
1244	Cyprus Bagdad Copper Corporation	100939
03-1393	Cyprus Bagdad Copper Corporation	100940
28743	Cyprus Bagdad Copper Corporation	100941
28744	Cyprus Bagdad Copper Corporation	100942
31360	Cyprus Bagdad Copper Corporation	100943
34614	Cyprus Bagdad Copper Corporation	100944
37799	Cyprus Bagdad Copper Corporation	100946
43488	Cyprus Bagdad Copper Corporation	100954
43489	Cyprus Bagdad Copper Corporation	100955
43490	Cyprus Bagdad Copper Corporation	100956
59538	Cyprus Bagdad Copper Corporation	100957
03-85112	Cyprus Bagdad Copper Corporation	100959

Pat Ryan  
August 31, 1992  
Page 2

03-1452	Cyprus Miami Mining Corporation	102000
03-1045	Cyprus Miami Mining Corporation	102001
03-30007	Cyprus Miami Mining Corporation	102004

Should you require additional information, please contact me at the letterhead address or by telephone number (303) 643-5268.

Very truly yours,



Gina L. Bulloch

GLB/ale

Enclosure

M. Ashkie  
O. T. Owens

:gb0831

PDC001335

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

**PRODUCER**

SEGWICK JAMES OF TN, INC  
 P. O. BOX 19810  
 KNOXVILLE, TN 37939  
 (615)584-9101

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 COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

**INSURED**

CYPRUS MINERALS COMPANY  
 AND ITS SUBSIDIARY CO.  
 P. O. BOX 3299  
 ENGLEWOOD, CO 80155

COMPANY LETTER <b>A</b>	<b>A: NATIONAL UNION FIRE INS. CO.</b>
COMPANY LETTER <b>B</b>	<b>B:</b>
COMPANY LETTER <b>C</b>	<b>C:</b>
COMPANY LETTER <b>D</b>	<b>D:</b>
COMPANY LETTER <b>E</b>	<b>E:</b>

**COVERAGE**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR 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 DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	RM013264828	07/01/92	07/01/93	GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$2,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY \$2,000,000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> PRODUCT/VENDOR				FIRE DAMAGE (Any one fire) \$2,000,000
	<input checked="" type="checkbox"/> XCU				MED. EXPENSE (Any one person) \$
	<input checked="" type="checkbox"/> AA				
AA	AUTOMOBILE LIABILITY	RMCA1428744	07/01/92	07/01/93	COMBINED SINGLE LIMIT \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
<input checked="" type="checkbox"/> GARAGE LIABILITY					
AA	EXCESS LIABILITY		/ /	/ /	EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
AA	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
AA	OTHER		/ /	/ /	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

AS RESPECTS LEASE WITH CYPRUS MIAMI MINING CORPORATION AND CYPRUS BAGDAD COPPER CORPORATION  
 AUTO LIABILITY DOES NOT INCLUDE ARIZONA DUE TO SELF INSURED FILING.

**CERTIFICATE HOLDER**

ARIZONA STATE LAND DEPARTMENT  
 1616 W. ADAMS  
 PHOENIX, AZ 85007

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Paul W. Smith*

100940

**DATE:** August 18, 1992  
**TO:** R. Graybill, M/C 405S  
**FROM:** G. Bulloch, M/C 146  
**SUBJECT:** CERTIFICATE OF INSURANCE  
STATE OF ARIZONA COMMERCIAL LEASES

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Attached please find a Certificate of Insurance which has been given to the state of Arizona annually. This Certificate is a requirement of the state to continue Cyprus' commercial leases.

I would appreciate it if you could provide me with another Certificate as soon as possible. It would be extremely helpful if you could change the policy term to continue for at least three (3) years.

Effective Thursday, August 20, 1992, my office number will be 249S at the 9100 building.

Thanks for your help, Ron.



GLB/ale  
Attachment

:gb0818

PDC001337



**CYPRUS**  
Minerals Company

Cyprus Minerals Company  
9100 East Mineral Circle  
Post Office Box 3299  
Englewood, Colorado 80155  
(303) 643-5268  
Fax: (303) 643-5943

November 18, 1991

Gina L. Watt  
Supervisor, Land Administration

Arizona State Land Department  
1616 West Adams  
Phoenix, AZ 85007

Attention: Pat Ryan  
Commercial Leasing Administrator

Proof of Insurance

Dear Pat:

Enclosed please find a copy of the renewal of the Certificate of Insurance which was sent by personnel in Cyprus' Insurance Department to the Arizona Land Department at the end of June , 1991.

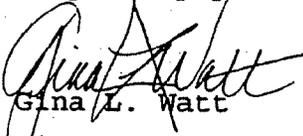
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Very truly yours,

  
Gina L. Watt

/krm

Enc.

M. Ashkie  
O. T. Owens

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

06/25/91

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JACK JAMES OF TN, INC.  
 . BOX 19810  
 OXVILLE, TN 37939  
 (615)584-9101

### COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	A:	NATIONAL UNION FIRE INS. CO.
COMPANY LETTER	B	B:	
COMPANY LETTER	C	C:	
COMPANY LETTER	D	D:	
COMPANY LETTER	E	E:	

**INSURED**

CYPRUS MINERALS CO.  
 AND ITS SUBSIDIARY CO.  
 P. O. BOX 3299  
 ENGLEWOOD, CO 80155

**COVERAGES**

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CM CLAIMS MADE <input type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> CP OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> PRODUCT/VENDOR <input checked="" type="checkbox"/> XCU	RMGL3252826	07/01/91	07/01/92	GENERAL AGGREGATE \$ 4,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 2,000,000 EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ 2,000,000 MED. EXPENSE (Any one person) \$ 0
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> AA ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	RMCA1427756	07/01/91	07/01/92	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ 0 BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE \$ 0
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		/ /	/ /	EACH OCCURRENCE \$ 0 AGGREGATE \$ 0
	<b>WORKER'S COMPENSATION</b> AND EMPLOYERS' LIABILITY		/ /	/ /	STATUTORY LIMITS EACH ACCIDENT \$ 0 DISEASE-POLICY LIMIT \$ 0 DISEASE-EACH EMPLOYEE \$ 0
	<b>OTHER</b>		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 AS RESPECTS LEASE WITH CYPRUS BAGDAD

**CERTIFICATE HOLDER**

ARIZONA STATE LAND DEPARTMENT  
 1616 W. ADAMS  
 PHOENIX, AZ 85007

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

