

# ACORD CERTIFICATE OF LIABILITY INSURANCE Page 1 of 2

DATE  
03/01/2005

**PRODUCER**  
877-945-7378  
  
Willis North America, Inc. - Regional Cert Center  
26 Century Blvd.  
P. O. Box 305191  
Nashville, TN 372305191

**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.**

**INSURED**  
Phelps Dodge Corporation  
One N. Central Avenue  
Phoenix, AZ 85004

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: Zurich American Insurance Company	16535-007
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GLO929846305	3/1/2005	3/1/2006	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 RE: Permit #23-105461-03 runs from Sept. 5, 2002-Sept 4, 2004.  
  
 Commercial Lease No. 003-000877 , Commercial Lease No. 003-000878 , Commercial Lease No. 003-001045 , Commercial Lease No. 003-001393 Commercial Lease No. 003-001452\*, Commercial Lease No. 003-030007  
 Commercial Lease No. 003-031360 , Commercial Lease No. 003-078666  
 Certificate Holder is an Additional Insured ATIMA

CERTIFICATE HOLDER	CANCELLATION <small>Statutory notice for non payment</small>
Arizona State Land Department 1616 West Adams Phoenix, AZ 85007	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>90</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

CHR-001-0053-0000

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE  
02/27/2004

<b>PRODUCER</b> 877-559-6769 Willis North America, Inc. - Regional Cert Center 11201 N. Tatum Boulevard Suite 300 Phoenix, AZ 85028		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.
<b>INSURED</b> Phelps Dodge Corporation One N. Central Avenue Phoenix, AZ 85004		
<b>INSURERS AFFORDING COVERAGE</b>		
INSURER A: Zurich American Insurance Company		16535-007
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

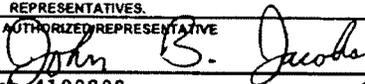
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GLO929846304	3/1/2004	3/1/2005	EACH OCCURRENCE \$ 2,000,000
					FIRE DAMAGE (Any one fire) \$ 250,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 2,000,000
					GENERAL AGGREGATE \$ 6,000,000
					PRODUCTS - COMP/OP AGG \$ 6,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP838414407	3/1/2004	3/1/2005	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC838414107	3/1/2004	3/1/2005	WC STATUTORY LIMITS OTH-ER \$
					E.L. EACH ACCIDENT \$ 2,000,000
					E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
A	<b>OTHER</b> Auto Physical Damage	BAP838414407	3/1/2004	3/1/2005	\$250 comp \$250 coll

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

All operations of the Named Insured. Certificate Holder is Additional Insured per Vendors Broad Form Endorsement - Attached.

Commercial Lease No. 003-000877 , Commercial Lease No. 003-000878  
 Commercial Lease No. 003-001045 , Commercial Lease No. 003-001393  
 Commercial Lease No. 003-001452 , Commercial Lease No. 003-030007  
 Commercial Lease No. 003-031360 , Commercial Lease No. 003-078666

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b> statutory notice for non payment
Arizona State Land Department Commercial Leasing Section 1616 W. Adams Phoenix, AZ 85007	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	
	AUTHORIZED REPRESENTATIVE 	

ACORD 25-S (7/97)

Coll:931702 Tpl:243741 Cert:4109898

© ACORD CORPORATION 1988

C HR-001-0053-0000

PDC001400

**MARSH****CERTIFICATE OF INSURANCE**CERTIFICATE NUMBER  
LOS-000074281-01
**PRODUCER**  
 MARSH USA INC.  
 3131 EAST CAMELBACK ROAD, SUITE 400  
 PHOENIX, AZ 85016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

36839 -GL-03/04

Cyprus

 COMPANY  
 A Zurich-American Insurance Company

**INSURED**  
 Phelps Dodge Corporation  
 One North Central Avenue  
 Phoenix, AZ 85004
COMPANY  
BCOMPANY  
CCOMPANY  
D
**COVERAGES**  
 This certificate supersedes and replaces any previously issued certificate for the policy period noted below.  
 THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE 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	GLO 9298463-03	03/01/03	03/01/04	GENERAL AGGREGATE \$ 6,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 6,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 2,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 2,000,000
					FIRE DAMAGE (Any one fire) \$ 250,000
					MED EXP (Any one person) \$ 10,000
A	AUTOMOBILE LIABILITY	BAP 8384144-06 (AOS)	03/01/03	03/01/04	COMBINED SINGLE LIMIT \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 8384141-06	03/01/03	03/01/04	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ 2,000,000
	EL EACH ACCIDENT \$ 2,000,000				
	EL DISEASE-POLICY LIMIT \$ 2,000,000				
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE-EACH EMPLOYEE \$ 2,000,000
A	OTHER Auto Phy Damage	BAP 8384144-06 (AOS)	03/01/03	03/01/04	Deductible Comprehensive 250
					Deductible Collision 250

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 All operations of the Named Insured. The certificate holder is Additional Insured per Vendors Broad Form Endorsement - Attached.
**CERTIFICATE HOLDER**
 Arizona State Land Department  
 Commercial Leasing Section  
 1616 W. Adams  
 Phoenix, AZ 85007
**CANCELLATION**

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

By: Richard W Ely

*Richard W. Ely*

MM1(3/02)

VALID AS OF: 02/26/03

CHR-001-0053-0000

PDC001401

**ADDITIONAL INFORMATION**

LOS-000074281-01 DATE (MM/DD/YY) 02/26/03

**PRODUCER**MARSH USA INC.  
3131 EAST CAMELBACK ROAD, SUITE 400  
PHOENIX, AZ 85016**COMPANIES AFFORDING COVERAGE**COMPANY  
ECOMPANY  
F

36839 --GL-03/04

Cyprus

**INSURED**Phelps Dodge Corporation  
One North Central Avenue  
Phoenix, AZ 85004COMPANY  
GCOMPANY  
H**TEXT**

Commercial Lease No.	Company	Cyprus File Number
03-877	Cyprus Bagdad Copper Corporation	100935
03-878	Cyprus Bagdad Copper Corporation	100938
03-1393	Cyprus Bagdad Copper Corporation	100940
31360	Cyprus Bagdad Copper Corporation	100943
78666	Cyprus Bagdad Copper Corporation	100958

Commercial Lease No.	Company	Cyprus File Number
03-1452	Cyprus Christmas Mine Corporation	102000
03-1045	Cyprus Christmas Mine Corporation	102001
03-30007	Cyprus Christmas Mine Corporation	102004

**CERTIFICATE HOLDER**Arizona State Land Department  
Commercial Leasing Section  
1616 W. Adams  
Phoenix, AZ 85007

P/R	_____
Billing	_____
Data Mgmt	_____

ARIZONA STATE LAND DEPARTMENT  
 1616 West Adams  
 Phoenix, ARIZONA 85007

ADDRESS CHANGE REQUEST NOTICE

For legal and security purposes you must submit a request to change your address in writing to the State Land Department which specifies the following information:

1. Indicate the lease or permit number(s) which will require and address change.
2. The previous address which the Land Department has on record.
3. The new address at which you wish to have all correspondence and billing mailed to by the Land Department.
4. Signature(s) of all the lessees or permittees who are named on the original lease or permit; or the person who has been authorized thru a Power of Attorney, or named by the Courts to sign on behalf of the lessee. (These documents must be on the records of the Land Department.)
5. Return to: STATE LAND DEPARTMENT  
 Land Title and Lease Records  
 1616 West Adams  
 Phoenix, AZ 85007

LEASE OR PERMIT NO.	03 - 30007	03 - 1045
	18 - 38531	-
	18 - 38532	-

**OLD ADDRESS:**  
 Cyprus Miami Mining Corp.  
 Attn: Land Management Dept.

---

**Lessee**  
 P.O. Box 3299  
 Street or P.O. Box

---

Englewood, CO 80155  
 City State Zip

---

(303) 643-5268  
 Phone

---

Dated 2/5/02

**NEW ADDRESS:**  
 Cyprus Miami Mining Corp.  
 C/O Phelps Dodge Corp./J. Leavell

---

*One N. Central Ave., 17th Floor*  
~~One N. Central Avenue, 17th Avenue~~  
 Street or P. O. Box

---

Phoenix, AZ 85004  
 City State Zip

---

(602) 366-8152  
 Phone

---

By: *X J. Leavell*  
 Signature(s)

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CHR-001-0053-0000





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED — VENDORS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

### **SCHEDULE**

**Name of Person or Organization (Vendor):**

**Your Products:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED (Section II)** is amended to include as an insured any person or organization (referred to below as "vendor") shown in the Schedule, but only with respect to "bodily injury" or "property damage" arising out of "your products" shown in the Schedule which are distributed or sold in the regular course of the vendor's business, subject to the following additional provisions:

1. The insurance afforded the vendor does not apply to:
    - a. "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement;
    - b. Any express warranty unauthorized by you;
    - c. Any physical or chemical change in the product made intentionally by the vendor;
    - d. Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
  - e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
  - f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
  - g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor.
2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

**MARSH USA INC.**

**CERTIFICATE OF INSURANCE**

CERTIFICATE NUMBER  
LOS-000074281-00

PRODUCER

MARSH USA INC.  
3131 EAST CAMELBACK ROAD, SUITE 400  
PHOENIX, AZ 85016

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**COMPANIES AFFORDING COVERAGE**

COMPANY  
A Zurich-American Insurance Company

COMPANY  
B

COMPANY  
C

COMPANY  
D

36839 -GL-2001

Cyprus

INSURED

Phelps Dodge Corporation  
2600 North Central Avenue  
Phoenix, AZ 85004-3014

**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																
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	GLO9298463-01	03/01/01	03/01/02	GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 PERSONAL & ADV INJURY \$ 2,000,000 EACH OCCURRENCE \$ 2,000,000 FIRE DAMAGE (Any one fire) \$ 250,000 MED EXP (Any one person) \$ 10,000																
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP8384144-04	03/01/01	03/01/02	COMBINED SINGLE LIMIT \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$																
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$																
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$																
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WVC8384141-04	03/01/01	03/01/02	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>WC STATUTORY LIMITS</td> <td><input type="checkbox"/></td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> <td>2,000,000</td> <td></td> </tr> <tr> <td>EL DISEASE-POLICY LIMIT</td> <td>\$</td> <td>2,000,000</td> <td></td> </tr> <tr> <td>EL DISEASE-EACH EMPLOYEE</td> <td>\$</td> <td>2,000,000</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER	EL EACH ACCIDENT	\$	2,000,000		EL DISEASE-POLICY LIMIT	\$	2,000,000		EL DISEASE-EACH EMPLOYEE	\$	2,000,000	
<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER																		
EL EACH ACCIDENT	\$	2,000,000																			
EL DISEASE-POLICY LIMIT	\$	2,000,000																			
EL DISEASE-EACH EMPLOYEE	\$	2,000,000																			
A	<b>OTHER</b> Auto Phy Damage	BAP8384144-04	03/01/01	03/01/02	Deductible Comprehensive 250 Deductible Collision 250																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

All operations of the Named Insured. The certificate holder is Additional Insured per Vendors Broad Form Endorsement - Attached.

**CERTIFICATE HOLDER**

Arizona State Land Department  
Commercial Leasing Section  
1616 W. Adams  
Phoenix, AZ 85007

**CANCELLATION**

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.  
BY: Richard W Ely  
MM1(9/99)

*Richard W. Ely*

VALID AS OF: 04/09/01

CHR-001-0053-0000

# ADDITIONAL INFORMATION

LOS-000074281-00

DATE (MM/DD/YY)  
04/09/01

**PRODUCER**

MARSH USA INC.  
3131 EAST CAMELBACK ROAD, SUITE 400  
PHOENIX, AZ 85016

**COMPANIES AFFORDING COVERAGE**

COMPANY  
E

COMPANY  
F

36839 --GL-2001

Cyprus

**INSURED**

Phelps Dodge Corporation  
2600 North Central Avenue  
Phoenix, AZ 85004-3014

COMPANY  
G

COMPANY  
H

**TEXT**

Commercial Lease No.	Company	Cyprus File Number
03-877	Cyprus Bagdad Copper Corporation	100935
03-878	Cyprus Bagdad Copper Corporation	100936
03-1393	Cyprus Bagdad Copper Corporation	100940
31360	Cyprus Bagdad Copper Corporation	100943
78666	Cyprus Bagdad Copper Corporation	100958

Commercial Lease No.	Company	Cyprus File Number
03-1452	Cyprus Christmas Mine Corporation	102000
03-1045	Cyprus Christmas Mine Corporation	102001
03-30007	Cyprus Christmas Mine Corporation	102004

**CERTIFICATE HOLDER**

Arizona State Land Department  
Commercial Leasing Section  
1616 W. Adams  
Phoenix, AZ 85007

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED — VENDORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name of Person or Organization (Vendor):

Your Products:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured any person or organization (referred to below as "vendor") shown in the Schedule, but only with respect to "bodily injury" or "property damage" arising out of "your products" shown in the Schedule which are distributed or sold in the regular course of the vendor's business, subject to the following additional provisions:

1. The insurance afforded the vendor does not apply to:
  - a. "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement;
  - b. Any express warranty unauthorized by you;
  - c. Any physical or chemical change in the product made intentionally by the vendor;
  - d. Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then re-packaged in the original container;
  - e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
  - f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
  - g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of another thing or substance by or for the vendor.
2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

**PRODUCER**  
**MARSH USA INC.**  
 3131 EAST CAMELBACK ROAD, SUITE 400  
 PHOENIX, AZ 85016

86839 --GL-2000 Cyprus

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

COMPANY  
**A Zurich-American Insurance Company**

COMPANY  
**B**

COMPANY  
**C**

COMPANY  
**D**

**INSURED**  
 Phelps Dodge Corporation  
 2800 North Central Avenue  
 Phoenix, AZ 85004-3014

**COVERAGES** *This certificate supersedes and replaces any previously issued certificate.*

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS 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	GLO 8288483-00	03/01/00	03/01/01	GENERAL AGGREGATE \$ 6,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPROP AGG \$ 8,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 2,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 2,000,000
					FIRE DAMAGE (Any one fire) \$ 250,000
					MED EXP (Any one person) \$ 10,000
A	AUTOMOBILE LIABILITY	BAP8384144-03	03/01/00	03/01/01	COMBINED SINGLE LIMIT \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	<b>GARAGE LIABILITY</b>				AGGREGATE \$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$
					AGGREGATE \$
A	<b>EXCESS LIABILITY</b>				\$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC8384141-03-AOS	03/01/00	03/01/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 2,000,000
					EL DISEASE-POLICY LIMIT \$ 2,000,000
					EL DISEASE-EACH EMPLOYEE \$ 2,000,000
A	<b>OTHER Auto Phy Damage</b>	BAP8384144-03	03/01/00	03/01/01	Deductible Comprehensive 250
					Deductible Collision 250

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS):**  
 All operations of the Named Insured. The certificate holder is Additional Insured per Vendors Broad Form Endorsement - Attached.

**CERTIFICATE HOLDER:**

Arizona State Land Department  
 Attn: Shirill Hakey  
 1818 W. Adams  
 Phoenix, AZ 85007

**CANCELLATION:**

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.  
 BY: Richard W Ely *Richard W. Ely*

# ADDITIONAL INFORMATION

DATE (MM/DD/YY)  
03/01/00

<b>PRODUCER</b> MARSH USA INC. 3131 EAST CAMELBACK ROAD, SUITE 400 PHOENIX, AZ 85018	<b>COMPANIES AFFORDING COVERAGE</b>	
	COMPANY E	
36839 --GL-2000 Cyprus	COMPANY F	
<b>INSURED</b> Phelps Dodge Corporation 2600 North Central Avenue Phoenix, AZ 85004-3014	COMPANY G	
	COMPANY H	

Commercial Lease No.	Company	Cyprus File Number
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	100938
981-01	Cyprus Bagdad Copper Corporation	100937
981-02	Cyprus Bagdad Copper Corporation	100938
03-1393	Cyprus Bagdad Copper Corporation	100940
31360	Cyprus Bagdad Copper Corporation	100943
43488	Cyprus Bagdad Copper Corporation	100954
43489	Cyprus Bagdad Copper Corporation	100955
43490	Cyprus Bagdad Copper Corporation	100956
78668	Cyprus Bagdad Copper Corporation	100958

Commercial Lease No.	Company	Cyprus File Number
03-1452	Cyprus Christmas Mine Corporation	102000
03-1045	Cyprus Christmas Mine Corporation	102001
03-30007	Cyprus Christmas Mine Corporation	102004

**CERTIFICATE HOLDER**  
 Arizona State Land Department  
 Attn: Shiraz Hakey  
 1616 W. Adams  
 Phoenix, AZ 85007

INCLUDES COPYRIGHTED MATERIAL OF ACORD CORPORATION WITH ITS PERMISSION.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED — VENDORS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

### **SCHEDULE**

**Name of Person or Organization (Vendor):**

**Your Products:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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  - f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
  - g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor.
2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.