PLAINTIFF'S EXHIBIT

ASA-974

SET TAB STOPS AT ARROWS

Certificate of Insurance

acord

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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY

Nordean R. Ellingson Agency
10010 Greenforks Drive #107
Houston, Texas 77036

COMPANIES AFFORDING COVERAGES

COMPANY LETTER A — Lloyd's of London
COMPANY LETTER B — Lloyd's of London
COMPANY LETTER C — Great Southwest Life
COMPANY LETTER D —
COMPANY LETTER E —

NAME AND ADDRESS OF INSURED

Bowen Industries, Inc.
1133 Barranca
El Paso, Texas 79935

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)	EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY ☐ COMPREHENSIVE FORM ☐ PREMISES—OPERATIONS ☐ EXPLOSION AND COLLAPSE HAZARD ☐ UNDERGROUND HAZARD ☐ PRODUCTS/COMPLETED OPERATIONS HAZARD ☐ CONTRACTUAL INSURANCE ☐ BROAD FORM PROPERTY DAMAGE ☐ INDEPENDENT CONTRACTORS ☐ PERSONAL INJURY			BODILY INJURY	$	$
				PROPERTY DAMAGE	$	$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	$
				PERSONAL INJURY		$
	AUTOMOBILE LIABILITY ☐ COMPREHENSIVE FORM ☐ OWNED ☐ HIRED ☐ NON-OWNED			BODILY INJURY (EACH PERSON) BODILY INJURY (EACH ACCIDENT)	$ $	
				PROPERTY DAMAGE	$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	
	EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	$
A	WORKERS' COMPENSATION Excess and EMPLOYERS' LIABILITY	CRS-5500011-1	7-23-82/83	STATUTORY		
					$ 1,000	EACH ACC. DISEASE
B C	OTHER Occupational, Acc., Medical and Disability AD&D	A-231579	7-26-82/83			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Ductwork and Ironwork

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 below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

ASARCO, Inc.
P.O. Box 1111
El Paso, Texas 79999
Attn: Mr. Carl Glaser

DATE ISSUED: October 1, 1982

AUTHORIZED REPRESENTATIVE