GOLDFARB INSURANCE AGENCY
FIRE • CASUALTY • BONDS • LIFE • EMPLOYEE BENEFIT PLANS • ESTATE PLANNING SERVICE

PLAINTIFF'S EXHIBIT
ASA-975

September 28, 1982

Asarco
P.O. BOX 1111
El Paso, Texas 79999

ATTN: Carl Glaser

RE: Bowen Industries, Inc.
Certificates of Insurance
Workers Compensation Coverage
Aetna Casualty & Surety
Policy #60CB17145CPS

Dear Certificate Holder:

Effective July 25, 1982, Bowen Industries, Inc. has elected to go with an alternate form of coverage to replace the above workers compensation coverage. As a result, the workers compensation coverage is no longer in effect as of July 25, 1982. All other coverages as respects General Liability, Automobile, and Umbrella Excess remain the same and in force.

Please contact Bowen Industries, Inc., 1133 Barranca, El Paso, Texas, 79935 as to replacement coverage as respects workers compensation.

Sincerely,

Robert F. Goldfarb

ROBERT F. GOLDFARB
GOLDFARB INSURANCE AGENCY

RFG/dap

414 EXECUTIVE CENTER BLVD., SUITE 1 • P. O. BOX 166 • EL PASO, TEXAS 79942 • (915) 532-2651

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

GOLDFARB INSURANCE AGENCY
P.O. BOX 13408
EL PASO, TEXAS 79912

NAME AND ADDRESS OF INSURED

BOWEN INDUSTRIES, INC.
1133 BARRANCA
EL PASO, TEXAS 79935

COMPANIES AFFORDING COVERAGES

COMPANY LETTER A — Aetna Casualty and Surety Co.
COMPANY LETTER B — Mission Insurance Co.
COMPANY LETTER C
COMPANY LETTER D
COMPANY LETTER E

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					
A	XX COMPREHENSIVE FORM XX PREMISES - OPERATIONS XX EXPLOSION AND COLLAPSE HAZARD XX UNDERGROUND HAZARD XX PRODUCTS COMPLETED OPERATIONS HAZARD XX CONTRACTUAL INSURANCE XX BROAD FORM PROPERTY DAMAGE XX INDEPENDENT CONTRACTORS XX PERSONAL INJURY	60AL419182CNH	6-1-83	BODILY INJURY	$ 500	$500
				PROPERTY DAMAGE	$ 250	$250
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	$
				PERSONAL INJURY		$500
	AUTOMOBILE LIABILITY					
A	XX OWNED XX HIRED XX NON-OWNED	60AL419182CNH	6-1-83	BODILY INJURY (EACH PERSON)	$ 250	
				BODILY INJURY (EACH ACCIDENT)	$ 500	
				PROPERTY DAMAGE	$ 100	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	
	EXCESS LIABILITY					
B	XX UMBRELLA FORM OTHER THAN UMBRELLA FORM	MN006085	1-1-83	BODILY INJURY AND PROPERTY DAMAGE COMBINED	$1000	$
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY		
					$	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ 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
P.O. BOX 1111
EL PASO, TEXAS 79999

ATTN: CARL GLASER

DATE ISSUED

Robert J Goldfarb
GOLDFARB INSURANCE AGENCY
AUTHORIZED REPRESENTATIVE

dp

ACORD