

**MINING INDUSTRY
GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

****** An ACORD form application must be submitted along with this supplemental application. ******

A. APPLICANT INFORMATION

1. Applicant Name _____

2. Contact Person and phone _____

3. Applicant Operation (check all that apply)

Owner-Operator - own mining permit and operate mine

Owner-NonOperator - permit owner employing contract miner to operate mine

Contract Miner - operate mine under contract with permit owner
(attach copy of all mining contracts)

Employee Leasing or Contract Labor - provide leased employees or contract labor to mine operators
(attach copy of all contracts with mine operators)

* Where do leased employees or contract laborers work?: aboveground underground both

Fully describe the work performed by leased employees or contract laborers:

Landowner-Lessor - own land but no mining permits, lease land to others

Prep Plant or other Processing of mined material

Operate Truck, Rail or Barge Loadout Facility

Inactive Mine - permanently closed, temporarily shutdown or waiting for bond release

Other (describe) _____

4. Is applicant owned or controlled by another entity? Yes No

If Yes, by whom? _____

5. Year established in business _____

6. Gross annual sales for coming year _____

7. Payroll for coming year: mining _____ processing _____ other _____

8. Besides Applicant, are any other entities requested to be NAMED INSUREDs? Yes No

If Yes, list below each requested Named Insured and describe operations:

(operations should include # of employees, functions performed by employees, and property owned/leased)

<u>Name</u>	<u>Operations</u>
_____	_____
_____	_____
_____	_____

9. Does Applicant own or control any companies not presented in this application? Yes No

If Yes, explain: _____

10. List all requested ADDITIONAL INSUREDS and describe relationship to requested Named Insured

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

11. Does Applicant lease or loan any equipment to others? Yes No

If Yes, explain: _____

12. Is Applicant a subcontractor to any other entities (other than as contract miner noted above)? Yes No

If Yes, describe subcontracted work and receipts: _____

13. Does Applicant maintain Certificates of Insurance from subcontractors? Yes No

14. Is Applicant named as Additional Insured on subcontractors insurance? Yes No

15. Does Applicant:

a. own or control any dwellings or stores? Yes No

b. own or control any recreational facilities? Yes No

c. provide transportation for employees or subcontractors? Yes No

B. MINE INFORMATION (complete a separate MINE INFORMATION section for each mine)

1. Mine Name and Permit No. _____

2. Exact Location or Directions to Mine (include County & State) _____

3. What is the life expectancy of this mine? _____

4. Mine Type: Surface Mine Underground Mine

* if Surface: Mountain top removal

Open pit

Contour

Auger

Highwall miner

Other (describe) _____

* if Underground: Drift

Slope

Shaft

Longwall

Shortwall

Advancing

Retreating

Continuous

Conventional (cut & shoot)

Other (describe) _____

5. What is being mined? _____

6. Projected annual production (raw tons) from this mine: _____

7. What is the total acreage associated with this mine? _____

8. Are any operations associated with this mine performed by subcontractors? Yes No

If Yes, describe the subcontracted operations and annual cost:

a. _____

b. _____

c. _____

d. _____

9. Is any work associated with this mine performed by leased workers or contract labor? Yes No

If Yes, fully describe all the work performed by leased workers or contract labor and annual cost:

10. Is there any blasting (excluding cut & shoot underground) associated with this mine? Yes No

If Yes: a. is blasting done by licensed blaster? Yes No

b. are pre-blast surveys performed? Yes No

c. are seismographic recordings made? Yes No

d. what is distance from blast site to closest third-party structure? _____

11. Is there a processing facility (crush, clean, size, blend, etc.) associated with this mine? Yes No
(If one processing facility is fed by multiple mines, report the processing facility on one Mine Info sheet only)

If Yes: a. what is the raw tonnage from this mine processed by the facility: _____

b. what is the raw tonnage from other mines processed by the facility: _____

12. Are there any:

a. waste treatment ponds associated with this mine Yes No

b. impoundments with a dam associated with this mine Yes No

c. waste, gob or tailings piles associated with this mine Yes No

13. Mine Security

a. is there a gate or other barrier at mine entrance from public road(s) Yes No

- if yes, what type: fence/pipe type gate cable or chain other

- if yes, is the gate/barrier locked 24 hours off hours only never

b. describe other security measures at this mine _____

14. Is there a mining engineer on the payroll or on retainer for this mine? Yes No

15. Has this mine ever been closed by any regulatory body: Yes No

If yes, give details: _____

II. TIME ELEMENT POLLUTION COVERAGE OPTION

If Time Element Pollution coverage is not desired, check here and skip this section.

IMPORTANT NOTICE

Time Element coverage applies only if a Pollution Incident commences during the policy period and is discovered and reported in conformance with all of the time frames and requirements specified in the policy.

A. HISTORY

1. Has pollution or similar coverage ever been canceled or refused to applicant? Yes No

If yes, explain in Part C.

2. Has applicant, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? Yes No
If yes, explain in Part C.

3. Has applicant ever been sued or requested to pay any damages or to investigate environmental contamination or perform any remediation with respect to any actual or alleged pollution incident? Yes No
If yes, explain in Part C.

4. Have there been any emissions, discharges, releases or escapes of pollutants or other substances above permissible levels at any sites for which this application is being made? Yes No
If yes, explain in Part C

5. Do you have an environmental management department or any employees vested with specific responsibility for environmental control? Yes No

6. Are you aware of any fact or circumstance that might lead to a claim under the policy if it were to be issued? Yes No
If yes, explain in Part C.

7. Are you currently in compliance with federal, state and local environmental laws and permits? Yes No
If no, explain in Part C

8. List all pollution and environmental losses, whether or not insured, incurred over the past three years. (use Part C. or attach additional pages if necessary)

Date	Loss Amount	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. MINE INFORMATION (complete a separate MINE INFORMATION section for each mine)

1. Name of mine: _____

2. Are there any closed, or abandoned mines at this location? If yes, describe types of mining operations that were performed and how long mine has been closed. Yes No

3. Were any other operations performed at this site previously? If yes, provide details as to dates and operations formerly performed at this site. _____

Yes No

4. Do you landfill or otherwise accept for disposal on this site any waste material from offsite? If yes, describe type of waste, quantities and source of such materials. _____

Yes No

5. Is this site owned or controlled by another person or company? If yes, by whom? _____

Yes No

C. ADDITIONAL INFORMATION

DECLARATION and SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements and information in this application statement are true. The company is hereby authorized to make any investigation and inquiry in connection with the application statement that it deems necessary.

Signature for First Named Insured
(May not be signed by Producer)

Title

Date

Submitted by: _____
Producer

FALSE INFORMATION:

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.