

MINING SUPPLEMENTAL APPLICATION
COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	Broker Email:
Agency/Agent:	Agent Email:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:
Effective Date:	Website:

2) Current Carrier Information:

Carrier:
Limit of Insurance:
Deductible:
Premium:
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Current financial statement
- c) Applicant's brochures, marketing materials, or detailed description of operations if a website is not available

3) Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

4) If any subsidiary, product or operation is to be specifically excluded from coverage, please indicate:

a. Are these products/operations covered elsewhere? Yes No

5) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)?

6) Who is your audit/inspection contact? _____

a. What is their phone number? _____

b. What is their email address? _____

7) In what states do you operate?

OPERATIONS

- 8) Do you lease or loan any machinery or equipment to others? Yes No
- a. If yes, please explain:
- 9) Do you provide any transportation for employees or subcontractors? Yes No
- 10) Do you own or control any dwellings? Yes No
- 11) Do you own or control any retail shopping facilities? Yes No
- 12) Do you own or control any recreational facilities? Yes No

SUBCONTRACTORS *(complete only if you hire subcontractors for any work)*

- 13) If you are hiring subcontractors, please clarify the following:
- a. Do you usually hire the same subcontractors? Yes No
- b. Are subcontractors always insured? Yes No
- + If yes, what General Liability limits do you require subs to carry? _____
- + Do you confirm if these subs carry Workers Compensation insurance? Yes No
- c. Do you obtain certificates of insurance from all subcontractors? Yes No
- d. Are you named as an Additional Insured on all subcontractors' policies? Yes No
- e. Do you have a written contract with your subcontractors? Yes No
- f. Do all contracts contain a Hold Harmless clause in your favor? Yes No
- g. Do you use any leased workers or contract labor? Yes No
- + If yes, are you responsible for providing Worker's Comp for these employees? Yes No
- + What types of work are they performing?
- h. Do you carry Worker's Compensation insurance? Yes No

MINE INFORMATION

****Complete the MINE INFORMATION, SAFETY INFORMATION, and BLASTING INFORMATION sections for each mine individually****

- 14) Mine name and address: _____
City: _____ State: _____ Zip Code: _____
County/Municipality: _____
- 15) MSHA Number: _____
- 16) Permit Number: _____
- 17) How many acres are associated with this mine? _____
- 18) What is being mined? _____
- 19) Projected clean tons: _____
- 20) Projected raw tons: _____

21) What are your operations at this mine? Check all that apply:

- a. Own or Control Mining Permit and Operates Mine
- b. Own or Control Mining Permit, but Mine is Operated by Contract Miner
- c. Contract Miner Operating Mine under Contract with Permit Owner
- d. Provide Leased Employees or Contract Labor to Mine Operators
- e. Landowner - Owns the Land (no permits) and Leases the Land to Others
- f. Operate Prep Plant or Other Processing Facility
- h. Operate a Tipple, Truck, Rail or Barge Load-Out Facility
- i. Own an Inactive Mine - Permanently Closed, Waiting for Bond Release, or Temporarily Shut down.
- j. Other: _____

22) Is surface mining occurring at this location?

Yes No

a. If yes, check all that apply:

- + Open Pit
- + Highwall Miner
- + Mountaintop Removal
- + Contour
- + Auger
- + Other: _____

23) Is underground mining occurring at this location?

Yes No

a. If yes, check all that apply:

- + Longwall
- + Shortwall
- + Slope
- + Drift
- + Shaft
- + Advancing
- + Retreat
- + Continuous
- + Conventional (cut and Shoot)
- + Other: _____

24) Are there any impoundments with a dam associated with this mine?

Yes No

25) Are there any waste treatment ponds associated with this mine?

Yes No

26) Are there any gob, waste, or tailings piles associated with this mine?

Yes No

SAFETY INFORMATION

27) Do you have a formal, written safety program in place?

Yes No

28) Is the mine operational 24 hours a day, 7 days a week?

Yes No

29) What security measures are in place at the mine? Check all that apply:

- Gated Access
- Fencing
- Warning Signage
- Invisible Fence/Intrusion Sensor
- Security Cameras
- Access Control Booths
- Employee Security
- Contracted Security
- Other:

- 30) Is your mine compliant with all applicable Mine Safety and Health Administration (MSHA) standards? Yes No
- a. Have you ever been cited for an MSHA violation? Yes No

BLASTING INFORMATION

- 31) Are you performing any blasting at this mine? Yes No
- a. If no, please skip to Pollution Information.
- 32) Is blasting performed by your employee(s)? Yes No
- a. If yes, what employee(s)? _____
- b. Please describe the training and experience of each employee who performs blasting work:
-
- 33) Is blasting performed by a contractor? Yes No
- a. If yes, please attach a copy of your contract with this contractor.
- 34) What is the distance from the blast site to the closest third party structure? _____
- 35) Are pre-blast surveys performed? Yes No
- a. If yes, by whom? _____
- 36) Are seismographic recordings made of each blast? Yes No
- a. If yes, by whom? _____

POLLUTION INFORMATION

- 37) Do you have an environmental management department or any employees vested with the responsibility for environmental control? Yes No
- 38) Are you currently in compliance with all federal, state and local environmental laws and permits? **If no, please attach an explanation.** Yes No
- 39) Have there ever been any emissions, discharges, or escapes of pollutants or other substances above permissible levels at any sites for which this application is being made? **If yes, please attach an explanation.** Yes No
- 40) In the last five years, have you been cited, prosecuted, or fined for violation of any standard or law relating to the release of a substance into the environment? **If yes, please attach an explanation.** Yes No
- 41) Have you had any Pollution claims that were or were not covered by insurance? **If yes, please attach an explanation.** Yes No
- 42) During the past five years, has any insurer ever canceled or non-renewed your Pollution Insurance, or declined to offer you Pollution Insurance which you requested? **If yes, please attach an explanation.** Yes No

- 43) Has any pollution-related lawsuit ever been filed, a request to pay damages, investigate environmental contamination or perform remediation, or any other claim otherwise been made against you or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed pollution liability? **If yes, please attach an explanation.** Yes No
- 44) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a pollution-related claim or suit? **If yes, please attach an explanation.** Yes No

LOSS HISTORY

- 45) Have you had any claims other than Pollution that were or were not covered by insurance? **If yes, please attach an explanation.** Yes No
- 46) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No
- 47) Has any lawsuit ever been filed, or any claim otherwise been made against you or or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability **If yes, please attach a description of details.** Yes No
- 48) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a claim or suit? **If yes, please attach a description of details.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim 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 and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim 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 and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____