

	<b>James River Insurance Company and its Subsidiaries</b> 6641 West Broad Street, Suite 300 Richmond, VA 23230	<b>Specific Mine Supplemental Information</b>
		<b>ENERGY Division</b> Email to <a href="mailto:EG@jamesriverins.com">EG@jamesriverins.com</a> or, Fax to 804-420-1054
<b>APPLICANT'S INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.</li> <li>3. Please read the statements at the end of this application carefully. Thank you!</li> </ol>		

**SPECIFIC MINE SUPPLEMENTAL INFORMATION**  
**(To be completed on each individual mine and attached to the General Mining Application)**

**Applicant's Name:** \_\_\_\_\_

Mine #: \_\_\_\_\_ Name: \_\_\_\_\_

MSHA Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Acreage: \_\_\_\_\_

Locations/Directions to the Mine (included County and State):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I. MINE INFORMATION**

1. Surface:	_____	Underground:	_____
Mt. Top Removal:	_____	Drift:	_____
Open Pit	_____	Shaft:	_____
Auger:	_____	Longwall:	_____
Highwall Miner:	_____	Advancing:	_____
Other:	_____	Retreating:	_____
		Continuous:	_____
		Conventional:	_____
		Other:	_____

2. Will any retreat mining be taking place at this location during the policy period?  Yes  No

3. What is the projected raw tonnage for the policy period at this mine? \_\_\_\_\_

4. What will be mined at this location? \_\_\_\_\_

5. Are there any closed or abandoned mines at this mine location?  Yes  No  
If yes, specify which mine(s) and describe type of mining operations previously performed:

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6. Were any other operations performed at this site previously?  Yes  No  
If yes, provide details and specify which mine operations.

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7. Insured's operations at this mine:

- i.  Owns or controls mining permit and operates mine
- ii.  Owns or controls mining permit with mine operated by a contract miner
- iii.  Contract Miner operating mine under contract with permit holder
- iv.  Provides leased employees to mine operators
- v.  Provides contract labor to mine operators

1. Fully describe the work performed by either leased employees or contract labor provided:

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vi.  Landowner – owns land (no permits), leases land to others

1. List all Leasees of land: \_\_\_\_\_

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vii.  Operates Prep Plant or other processing facility

viii.  Operates tippie, truck, rail, or barge load-out facility

x.  Other. Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Is there a processing facility associated with this mine?  Yes  No

If yes, please complete the Processing Facility Supplemental application.

9. Has this mine ever been closed or taken over by any regulatory body?  Yes  No

If yes, describe details of each incident: \_\_\_\_\_

\_\_\_\_\_

10. Mining Engineer on the payroll or retainer for this mine?  Yes  No

If so, who? \_\_\_\_\_

\_\_\_\_\_

11. Is this site owned or controlled by another person or company?  Yes  No

If so, who? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## II. MINE SECURITY

1. Describe security measures for this mine:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is there a gate or other barrier in use at this mine?  Yes  No

If yes, please specify at which mine(s) and describe the barrier or gate (fence/pipe gate, cable, chain, other):

\_\_\_\_\_

\_\_\_\_\_

**III. BLASTING**

1. Are there any blasting operations at this mine?  Yes  No

If yes:

a. Is blaster an employee or a contractor? Please provide the name of the contractor and/or employee:

\_\_\_\_\_

b. If blaster is an employee, please attach a copy of their state license.

c. Briefly describe experience and training of blaster: \_\_\_\_\_

\_\_\_\_\_

d. List all parties involved with the blasting operations: \_\_\_\_\_

\_\_\_\_\_

e. What are your blasting safety protocols? \_\_\_\_\_

\_\_\_\_\_

2. If contracted to a third party, what are your insurance requirements of the subcontract blaster?

\_\_\_\_\_

\_\_\_\_\_

3. How do you verify that the sub-contractor has the proper insurance in place? \_\_\_\_\_

\_\_\_\_\_

4. Are pre-blast surveys performed?  Yes  No

5. Are pre-blast surveys performed by a third party contractor?  Yes  No

If yes, provide name(s) of such contractor(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are seismographic recordings made of each blast?  Yes  No

a. If yes, are such recordings made by third party contractors?  Yes  No

b. If yes, provide names of such contractors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What is the distance from the blast site to the closest third-party structure for each mine?

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**IV. TIME ELEMENT POLLUTION COVERAGE OPTION**

(Complete if Pollution coverage is requested)

- 1. Has pollution or similar coverage ever been cancelled or refused to applicant?  Yes  No
- 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
- 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
- 4. Have there been any emissions, discharges, released or escapes of pollutants or other substances above permissible levels at any site for which this application is being made?  Yes  No
- 5. Are you aware of any fact or circumstances that might lead to a claim under the policy if it were to be issued?  Yes  No
- 6. Are you currently in compliance with federal, state, and local environmental laws and permits?  Yes  No

If you answered yes to any questions 1 through 6, please explain below:

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

8. List all pollution and environmental losses, whether or not insured, incurred over the past three years.

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9. 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

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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 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 five thousand dollars and the stated value of the claim for each such violation.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: