

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

**A. FIRST NAMED INSURED (Applicant)**

1. Enter name of person or organization requested to be the First Named Insured: \_\_\_\_\_

2. Indicate the operation(s) of the requested First Named Insured:

Owns or controls mining permit and operates mine

Owns or controls mining permit, mine is operated by contract miner  
*(attach page 1. and insurance and indemnification sections of contracts with all contract miners)*

Contract miner operating mine under contract with permit owner

Provides leased employees or contract labor to mine operators  
*(attach page 1. and insurance and indemnification sections of contracts with all mine operators)*

Fully describe the work performed by the leased employees or contract laborers you provide: \_\_\_\_\_

Landowner - owns land (no permits), leases land to others

a. List all lessees to whom land is leased for any purpose (mining, timbering, oil/gas, etc.) \_\_\_\_\_

b. *(Attach page 1. and insurance and indemnification sections of leases with all lessees)*

Operates prep plant or other processing facility

Operates tipple, truck, rail or barge load-out facility

Owns inactive mine - permanently closed, temporarily shutdown or waiting for bond release

Other (describe or attach narrative for any operations not indicated above)

**B. OTHER NAMED INSURED(S) (does not apply to additional insureds...see below)**

List all other persons or organizations requested to be Named Insureds. For each person or organization, a full description of operations and statement of corporate relationship to First Named Insured is required.

a. Name: \_\_\_\_\_

Operations: \_\_\_\_\_

Relationship: \_\_\_\_\_

b. Name: \_\_\_\_\_

Operations: \_\_\_\_\_

Relationship: \_\_\_\_\_

**C. ADDITIONAL INSUREDS** (Additional insureds are usually persons or organizations which do not have a corporate or ownership relationship to the Applicant.)

List all requested Additional Insureds and give reason Additional Insured status is requested.

Name	Reason Additional Insured status is requested
_____	_____
_____	_____
_____	_____
_____	_____

**D. APPLICANT INFORMATION**

1. Is applicant a subsidiary of, or owned or controlled by another entity? \_\_\_ YES \_\_\_ NO

c0If "YES," state name of other entity and describe relationship: \_\_\_\_\_

2. Year established in business: \_\_\_\_\_

\* If Applicant is a new entity:

a. Give expected start date for: Mine development \_\_\_\_\_ Production \_\_\_\_\_

b. Attach mining industry work experience of the principals, manager, etc.

If other mining companies were owned/operated in the past, provide the names of such companies.

\_\_\_\_\_

3. Gross projected annual sales for all requested named insureds: \_\_\_\_\_

4. Projected payroll for all requested named insureds:

Mining \_\_\_\_\_ Other (describe) \_\_\_\_\_

5. Does Applicant own or control any entities not presented in this application? \_\_\_ YES \_\_\_ NO

c0If "YES," indicate other entity name(s), operation(s) and insurance coverage: \_\_\_\_\_

\_\_\_\_\_

6. Does Applicant lease or loan any equipment to others? \_\_\_ YES \_\_\_ NO

c0If "YES," explain: \_\_\_\_\_

7. Is Applicant a subcontractor to any other entities (other than as contract miner to permit holder)? \_\_\_ YES \_\_\_ NO

c0If "YES," describe subcontracted work and receipts: \_\_\_\_\_

\_\_\_\_\_

8. 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

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

1. Mine Name \_\_\_\_\_

2. Location/Directions to Mine (include County & State) \_\_\_\_\_

3. MSHA ID number(s) \_\_\_\_\_

*Note: If quoted, coverage may apply only at designated premises as defined by MSHA ID numbers.*

4. State Mine Permit number(s): \_\_\_\_\_

5. Life expectancy of mine? \_\_\_\_\_

6. 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) \_\_\_\_\_

7. What is being mined? \_\_\_\_\_

8. Annual production from this mine:

a. Raw tons: \_\_\_\_\_

b. Clean tons: \_\_\_\_\_

9. What is the total acreage associated with this mine? \_\_\_\_\_

10. Does the property have any oil or gas pipelines?  YES  NO

a. If "YES," who owns the pipeline? \_\_\_\_\_

b. If "YES," what is the condition of the surrounding area? Any landslide/subsidence issues?  
\_\_\_\_\_  
\_\_\_\_\_

11. Is any work associated with this mine performed by leased workers or contract labor?  YES  NO

a. If "YES," state annual cost paid for leased workers or contract labor: \_\_\_\_\_

b. If "YES," fully describe the work performed by leased workers or contract labor: \_\_\_\_\_

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c. If "YES," attach a copy of Applicant's contract with the leased labor or contract labor provider.

12. Is there any blasting (*excluding cut & shoot underground*) associated with this mine?  YES  NO
- a. Is blasting subcontracted to a licensed blaster? (If answer "YES," are contracts place holding Insured harmless with additional Insured status)  YES  NO
- b. Is blasting done by Insured? (If answer "YES," be sure to complete questions under "Blasting Profile")  YES  NO
- c. Are pre-blast surveys performed?  YES  NO
- d. Are pre-blast surveys performed by a third-party contractor?  YES  NO
- \* If yes, provide name(s) of such contractor(s): \_\_\_\_\_
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- e. Are seismographic recordings made of each blast?  YES  NO
- \* If yes, are such recordings made by third party contractor?  YES  NO
- \* If yes, provide name(s) of such contractor(s): \_\_\_\_\_
- f. What is distance from blast site to closest third-party structure? \_\_\_\_\_

**- BLASTER PROFILE -**

*(Please fully complete this form, using the back of page in necessary for additional space.)*

Blaster Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Current Employer: \_\_\_\_\_

**BLASTING LICENSE(S);** (*List state, license number and type*)

State	Number	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EXPLOSIVES TRAINING/EDUCATION:** (*List dates, courses taken, and location*)

Date	Course	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you completed seismic monitoring and equipment training?  YES  NO

(If "YES," are training records available?)  YES  NO

**WORK HISTORY:** (*List current employer, past employers, dates employed, and type of work*)

Dates Employed	Employer	Type of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WORK EXPERIENCE:** Place "check" by areas of experience and indicate your years of experience to the right.

**- BLASTING EXPERIENCE -**

\_\_\_ Quarries / \_\_\_ Trench / \_\_\_ Construction / \_\_\_ TOTAL YEARS \_\_\_  
\_\_\_ Demolition / \_\_\_ Underground / \_\_\_ Other \_\_\_\_\_ / \_\_\_

**Hole Diameter:** \_\_\_ Up to 3 Inches \_\_\_ 3 Inches to 6 Inches \_\_\_ 6 Inches and Up

**- PRODUCT EXPERIENCE -**

\_\_\_ Sequential Timer \_\_\_ Electric Detonators \_\_\_ Non Electric Detonators \_\_\_ Detonating Cord  
\_\_\_ Bulk \_\_\_ Electronic Detonators \_\_\_ Other \_\_\_\_\_

Have you ever been involved in a blasting incident that resulted in damage over \$25,000? \_\_\_ YES \_\_\_ NO  
If "YES" describe: \_\_\_\_\_

Has your license ever been revoked? \_\_\_ YES \_\_\_ NO  
If "YES" describe: \_\_\_\_\_

I attest to the above being both true and accurate:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

15. 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. MSHA ID number for the facility: \_\_\_\_\_

\*\*\*\*\*b. Facility output from raw materials mined at owned or controlled mines: \_\_\_\_\_ aaaaaaaaaa

16. Facility output from raw materials mined at other mines: \_\_\_\_\_

Are there any:

a. Waste treatment ponds associated with this mine? \_\_\_ YES \_\_\_ NO

b. Impoundments with a dam associated with this mine? \_\_\_ YES \_\_\_ NO

17. Waste, gob or tailings piles associated with this mine? \_\_\_ YES \_\_\_ NO

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 \_\_\_\_\_

18. Is there a mining engineer on the payroll or on retainer for this mine? \_\_\_ YES \_\_\_ NO

19. Has this mine ever been closed by any regulatory body? \_\_\_ YES \_\_\_ NO

c0>If "YES," give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1: . Contractors Hired by Applicant (including, but not limited to: hauling, drilling, blasting, security, auger, high wall mining, reclamation, etc.)

a. Check if none \_\_\_\_, or

b. Complete the following for each contractor expected to be hired by Applicant during the coming year.

Name of Contractor	Service(s) Performed	Does Applicant have a written contract with the contractor?	Does written contract with the contractor contain hold harmless, defense and indemnity provisions in Applicant's favor? (1)	Is Applicant An additional Insured on the contractor's GL policy? (2)	Does Applicant have a Certificate of Insurance from the contractor confirming insurance With adequate limits and coverage? (3)

(1) Applicant's written contracts with contractors should include provisions requiring the contractor to defend, hold harmless and indemnify the Applicant in the event of any liabilities, claims or suits arising out of the services provided to the Applicant by the contractor.

(2) Applicant should be an insured (also described as an "additional insured") on the General Liability insurance of any contractor providing services to the Applicant.

(3) Contractors should carry General Liability insurance with the same provisions as Applicant's own General Liability insurance and with Limits of Insurance at least equal to the Limits of Insurance on the Applicant's General Liability insurance.

1; . Contractors Hired by Others

a. Check if none \_\_\_\_, or

b. List contractors and the services they perform, for contractors not hired by the Applicant but who provide services associated with Applicant's mining operation (example: coal hauler(s) hired by permit holder):

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**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? If "YES," explain in Part C \_\_\_ YES \_\_\_ NO
- 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? If "YES," explain in Part C. \_\_\_ YES \_\_\_ NO
- 7. Are you currently in compliance with federal, state and local environmental laws and permits? If "NO," explain in Part C \_\_\_ YES \_\_\_ NO
- 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? \_\_\_ YES \_\_\_ NO  
If "YES," describe types of mining operations that were performed and how long mine has been closed.

\_\_\_\_\_

3. Were any other operations performed at this site previously?  YES  NO  
If "YES," provide details as to dates and operations formerly performed at this site.

\_\_\_\_\_

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?  YES  NO  
If "YES," by whom? \_\_\_\_\_

**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 Title Date  
(May not be signed by Producer)

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.**