

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Hauling Supplemental Application
		ENERGY Division Email to EG@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE OWNER, PARTNER, OR OFFICER OF THE COMPANY AND WILL FORM A PART OF THE POLICY, IF ONE IS ISSUED. 3. Please read the statements at the end of this application carefully. Thank you! 		

HAULING SUPPLEMENTAL
(To be completed in addition to the James River General Mining Application)

Applicant's Name: _____

1. Please list each drivers name, date of birth and drivers license #: *Please note drivers not listed here and any vehicles they drive, will not be covered*

Name	Date of Birth:	DL#:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please attach current MVRs for each driver.)

2. How many trucks does applicant have? _____
3. How many trucks are currently in operation? _____
4. How many are used exclusively for off road hauling? _____
5. Does applicant subcontract out any hauling operations? Yes No
 If yes, provide details: _____
 a. What are your insurance requirements of your subcontractors? _____
 b. How do you verify your subcontractors are complying with your insurance requirements? _____
6. For each hauling contract, please provide the information requested below, in addition to attaching a copy of the contract.
 - a. Name of company contracting the Applicant for hauling: _____
 MSHA Number of haul site: _____
 What is being hauled and where: _____
 Haul Distance: _____

- b. Name of company contracting the Applicant for hauling: _____
 MSHA Number of haul site: _____
 What is being hauled and where: _____
 Haul Distance: _____
- c. Name of company contracting the Applicant for hauling: _____
 MSHA Number of haul site: _____
 What is being hauled and where: _____
 Haul Distance: _____
7. Do Applicant's employees load coal trucks? Yes No
 If Yes, describe equipment operated: _____
8. Do Applicant's employees operate any scales, conveyors, augers, buckets, or cranes? Yes No
9. If yes, describe what the Applicant's employee does and the equipment operated: _____

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: