



**James River Insurance
Company
and its Subsidiaries**

6641 West Broad Street, Suite 300
Richmond, VA 23230

**Prep Plant Supplemental
Application**

ENERGY Division
Email to EG@jamesriverins.com or,
Fax to 804-420-1054

APPLICANT'S INSTRUCTIONS:

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!

PREP PLANT SUPPLEMENTAL

Enter the name of the person or organization of the first named insured:

Mine MSHA #: _____ Output: _____
 Raw Tons: _____
 Clean Tons: _____

1. Is site owned or controlled by another person or company? _____
2. How old is the prep plant? _____
3. What maintenance is performed on this plant? How often? _____

4. What security measures are taken at this plant? _____

5. What sort of safety measures are currently in effect? _____

6. How is the material to be processed *arriving* at this plant?
 Rail Spur _____ Barge _____ Truck _____ Other _____

7. How is the material to be processed *leaving* the plant?
 Rail Spur _____ Barge _____ Truck _____ Other _____

If Other, Please explain: _____

8. Raw tonnage processed annually?

1. From your mines? _____
2. From outside sources under contract? _____

9. Check applicable mineral processing techniques:

- Comminution
- Flotation
- Agglomeration
- Heap leaching
- Agitation leaching

- Gravity Concentration
- Electrostatic or Magnetic Separation
- Smelting
- Percolating leaching
- Other

10. If processing is by heap leach:

a. Number and size of pads:

b. Type of lining (check all that apply):

Single

Double

Triple

Geomembrane

Clay

Concrete

Asphalt

Other: _____

c. Heap building technique: _____

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.

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| Applicant's Name: | Signature |
| Title: | Date: |