

******* 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): _____
- _____
- 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):

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.