

NOTE: The following must be submitted along with this supplemental application:

1. **ACORD form application (Applicant Information Section and General Liability Section);**
2. **Schedule of all haul units (year, make, model and VIN); and**
3. **Driver List (name, date of birth, driver license state of issue, driver license number)**

A. FIRST NAMED INSURED

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

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

1. List all other entities requested to be Named Insureds. For each entity listed, a full description of operations is required along with an explanation of the relationship to the First Named Insured. Attach narrative if needed.

a. Named Insured: _____

Relationship: _____

Operations: _____

b. Named Insured: _____

Relationship: _____

Operations: _____

C. ADDITIONAL INSUREDS *(Additional Insureds usually do not have a corporate or ownership relationship to the Applicant. Additional Insureds are entities which require additional insured status on the Applicant's insurance. For example, the mine operator hiring the applicant for off road coal hauling.*

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

Name	Reason
_____	_____
_____	_____
_____	_____
_____	_____

D. APPLICANT INFORMATION

1. Is applicant a subsidiary of, or owned or controlled by another entity? YES ___ NO ___
If Yes, state name of other entity and describe relationship: _____

2. Year applicant established in business: _____
* If Applicant is a new entity:
a. Give expected start date for operations: _____
b. Attach work experience of the applicant principals, manager, etc. If other off road hauling companies were owned/operated in the past, provide the names of such companies.
3. Gross projected annual sales for all requested named insureds: _____

4. Total projected annual payroll for all requested named insureds: _____
 (All projected payroll should also be reported on ACORD General Liability Application form per applicable ISO classifications, e.g. trucking, contractors permanent yards, etc.)
5. Does Applicant own or control any entities not presented in this application? ___ YES ___ NO
 If Yes, indicate other entity name(s), operation(s) and insurance coverage: _____
6. Does Applicant lease or loan any vehicles or equipment to others? ___ YES ___ NO
 If Yes, explain: _____
7. Does applicant subcontract out any hauling operations: ___ YES ___ NO
 If Yes, give details: _____
8. Does Applicant hire subcontractors for any operations: ___ YES ___ NO
 If Yes, describe operations performed by subcontractors and projected annual costs paid to subcontractors: _____

E. APPLICANT OPERATIONS

1. For each hauling contract, provide the information requested below:
- a. Name of company contracting Applicant for hauling: _____
 - MSHA ID number of haul site: _____
 - What is being hauled and where (example: coal from pit to wash plant, etc. etc.) _____

 - Haul distance: _____
 - b. Applicants Contractor MSHA ID number: _____
2. Does any portion of any haul travel on a public roadway? ___ YES ___ NO
 If yes, identify public roadway traveled on and distance traveled on public roadway. _____

3. Do Applicant employees load coal trucks? ___ YES ___ NO
 If yes, describe equipment operated _____
4. Do Applicant employees operate any scales, conveyors, augers, buckets or cranes? ___ YES ___ NO
 If yes, describe what the Applicant employee does and equipment operated _____

5. Is Applicant responsible for any haul road construction/maintenance? ___ YES ___ NO
 If yes, describe Applicant responsibility and equipment operated _____
6. Where is Applicant's equipment maintenance performed? _____
 If maintenance is performed away from haul site, how is equipment transported to maintenance location: transported on flatbed truck or trailer? driven on public roadway? other? _____

DECLARATION and SIGNATURE

I have read the above Application. I declare that to the best of my knowledge and belief the statements and information in this Application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this Application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

Signature for First Named Insured
(May not be signed by Producer)

Title

Date

Submitted by:

Producer

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.