

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

A. FIRST NAME 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 tippie, 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.

<u>Name</u>	<u>Reason Additional Insured status requested</u>
_____	_____
_____	_____
_____	_____
_____	_____

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 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 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

If yes, indicate other entity name(s), operation(s) and insurance coverage: _____

6. Does Applicant lease or loan any equipment to others? Yes No

If yes, explain: _____

7. Is Applicant a subcontractor to any other entities (other than as contract miner to permit holder)? Yes No

If 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
- d. Permit outside organizations or individuals to use the Yes No
property for any purpose (Hunting, ATVs, Camping, etc.)

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

High wall miner

Dredge

Other (describe) _____

* If Underground: Drift

Slope

Shaft

Long wall

Short wall

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. Are there any closed or inactive shafts or pits associated with this mine? Yes No
- a. How many? _____
- b. How were they closed? _____
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:
- 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
- If yes:
- a. Is blasting done by licensed blaster? Yes No
- b. Are pre-blast surveys performed? Yes No
- c. Are pre-blast surveys performed by a third-party contractor? Yes No
- * If yes, provide name(s) of such contractor(s): _____

- d. 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): _____

- e. What is the distance from blast site to closest third-party structure? _____
13. 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: _____
- c. Facility output from raw materials mined at other mines: _____
14. Are there any:
- a. Waste treatment ponds associated with this mine? Yes No
- b. Impoundments with a dam associated with this mine? Yes No
- c. Waste, gob or tailings piles associated with this mine? Yes No
15. Mine Security:
- a. Is there a gate or other barrier at the 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 time: _____

16. Is there a mining engineer on the payroll or on retainer for this mine? Yes No

17. Has the mine ever been closed by any regulatory body? Yes No

If yes, give details: _____

18. 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 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.

19. 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 cancelled 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? Yes No
If yes, explain in Part C.
- 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? Yes No
If yes, explain in Part C.
- 7. Are you currently in compliance with federal, state and local environmental laws and permits? Yes No
If no, explain in Part C.
- 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? If yes, describe types Yes No of mining operations that were performed and how long mine has been closed. _____

3. Were any other operations performed at this site previously? If yes, provide Yes No 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 Yes No from offsite? If yes, describe type of waste, quantities and source of such materials. _____

5. Is this site owned or controlled by another person or company? If yes, Yes No 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 and included all material information. 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

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.