

GENERAL LIABILITY COVERAGE – MINES (3/05)

Insured _____ Phone # _____

Mailing Address _____

Number years in business _____

If less than 3 years what is applicants experience in this type work? _____

Exact location of mine (so engineer can locate it) (Include city and state and county) _____

Is the applicant: (CIRCLE ONE OR ALL THAT APPLY)

LAND OWNER CONTRACTOR ONLY PERMIT HOLDER OTHER _____

(permit # _____)

GENERAL DATA

Name of Mine _____

Is Mine: Open Pit _____ Shaft or Tunnel _____ Strip _____ Other _____

What is being mined? _____ # of shafts _____

What is assured's annual payroll for employees working: (not including subcontractors – see supplemental)

(a)Miners underground _____ (b)Miners aboveground _____ * (c)Clerical _____

***clerical is payroll at the mine site only-not off premises of mine location**

(d)Truckman _____ (e)Geologist _____ (f)Exploration _____

(g)Milling _____ (h)Refining _____ (i)Security _____

(j)Other _____ (k)Tonnage _____

Annual receipts: _____

Distance of mine to nearest town _____ # Acres _____

Distance to nearest paved state highway _____

Can the mine be seen from the nearest highway? _____

Can the mine be easily walked to from the nearest highway? _____

Does insured lease employees? [] Yes [] No If so, describe _____

MINE DATA

Any additional insureds or waivers needed? [] Yes [] No If so, who and what is the relationship to the insured?(a fully copy of the contract is required in order to add any additional insured) _____

Explain fully public exposure apparent to you. _____

Date of last inspection by regulatory agencies _____

Any out standing recommendations? _____ If so, what are they _____

Is mine gaseous? _____ # of entries _____

Is perimeter of mining area fenced? Describe _____

Is open pit or stripping area fenced? Describe _____

Does applicant or subcontractors perform blasting operations? _____

Where are the explosives stored? _____

How far is magazine from buildings or public highway? _____

Amount of explosives usually stored in magazine? _____

What types of explosives are used? _____

Does the applicant perform pre-blast surveys on buildings within 1 mile? []yes [] no

Exactly how many dwellings/bldgs are within 1 mile of the mine property? _____

How close to mine workings are these dwellings/bldgs located? _____

What type of equipment is used? _____
 Does applicant use cranes? _____ yes _____ no
 Does applicant perform any excavation work? _____ yes _____ no
 Is jobsite security provided at night? _____ yes _____ no If yes,
 describe _____
 If work is done underground, how are gas levels checked? _____
 Does assured operate any overhead carriers or cableways crossing public highways or railroad tracks? _____

 How are public highway protected against falling of coal or ore from overhead carrier system? _____

 Does insured rent any part of the mine to others such as lessees? _____
 Are there any buildings on the property to be covered? If so describe _____

SECURITY

What persons other than miners are admitted to the mines? _____

 Are "No Trespassing" signs conspicuously placed around the property _____
 Does insured have security guard(s) at the mine? _____
 Does insured have dog guards on the mine premises? _____
 Is mine located within a city, state, or federal park? _____
 Are all federal, state and local regulations complied with? _____
 Any shafts or tunnels extending under public roads or highways, private homes, building sites, or
 commercial buildings? _____
 _____ # of shafts _____
 Is security 24 hours a day? _____ Year round? _____

OPERATIONS DATA

Describe tailing or slag storage. Does it act as dam or water diverter? _____
 Does mine have a stream or dam on premises? _____
 Is a crushing operation performed? _____
 Describe. _____
 Are any ore dumps or tailing piles on the property? _____
 Is the mine located beside any rivers, lakes or streams? _____
 Advise # of acres utilized for mining operations _____ Advise # of acres not being utilized _____
 What are these acres being used for? _____
 Are the owners involved in any other business? _____ yes _____ no
 - If yes, please explain _____
 - Are these operations insured for general liability? _____ yes _____ no
 - Name of carrier _____
 Has the applicant received any fines or penalties from regulatory agencies? _____ yes _____ no
 Does applicant lease equipment to others? _____ yes _____ no If yes, is it with operators or
 without operators
 Does applicant sell, design, manufacture or distribute equipment? _____ yes _____ no
 Does applicant remove others equipment from mine sites? If yes, explain _____

LOSS DATA

Give particulars of any known or reported losses or circumstances in respect of general liability or mine related losses or incidents which may give rise to a claim under this policy _____

Give name of former insurance carriers covering public on this mine: _____

Present Year _____

1st Prior Year _____

2nd Prior Year _____

3rd Prior Year _____

Does insured carry workers comp coverage Yes No Policy # _____

Carrier _____

Date of policy: _____

INSURANCE REQUIREMENTS

Effective Date: _____

Limits requested: 500,000 /500,000 500,000/1mil/500,000
 1mil/1mil/1mil 1mil/2mil/1mil

Coverage requested: CGL Fire Damage Prod / Compop
 Medical expenses Personal and Advertising Injury

Accidental Pollution: 100,000 250,000 500,000

Subsidence: 100,000 250,000 500,000

Deductible: \$2,500 \$5,000 \$10,000

Who is our competition? _____

Signed by Insured _____ Date _____

Agent _____

Street Address, City, State, Zip: _____

HIRED SUBCONTRACTOR SUPPLEMENTAL

Describe subcontracted work and show cost of subcontractors.

| NAME OF SUBCONTRACTOR | COST | JOB DESCRIPTION |
|-----------------------|------|-----------------|
| | | |
| | | |
| | | |

1. A) Are subcontractors required to carry equal or greater g.l. coverage than the applicant?(our contract requires all subcontractors carry own liability insurance coverage for equal or greater limits)
_____yes_____no Limits required _____

B) Are certificates of insurance obtained from subcontractors? _____yes_____no

C) Does applicant obtain a written contract from all subcontractors which includes a Hold Harmless clause in favor of the applicant? _____yes_____no

D) Is the applicant named as an additional insured on the subcontractor g.l. policy? _____yes_____no

E) Are subcontractors required to carry both GL and WC? _____yes_____no