

**GENERAL LIABILITY COVERAGE – VACANT LAND-Mining**

Insured \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Number years applicant has owned/leased property \_\_\_\_\_

Exact location of acres (so engineer can locate it) (Include city and state and county) \_\_\_\_\_

What is acreage being held for \_\_\_\_\_

**GENERAL DATA**

Distance of acreage to nearest town \_\_\_\_\_ # Acres \_\_\_\_\_

Distance to nearest paved state highway \_\_\_\_\_

Can acreage be seen from the nearest highway? \_\_\_\_\_

Can the acreage be easily walked to from the nearest highway? \_\_\_\_\_

**DATA**

Any additional insureds or waivers needed? [ ] Yes [ ] No If so, who and what is the relationship to the insured? \_\_\_\_\_

Explain any public exposures(such as beltlines,vacant bldgs,equipment) \_\_\_\_\_

Are there any tipples on property? \_\_\_\_\_ If so:

- a. what is the protection of the tipple \_\_\_\_\_
- b. what is the square footage of the tipple? \_\_\_\_\_
- c. number of stories of the tipple? \_\_\_\_\_

Is perimeter of acreage fenced? Describe \_\_\_\_\_

Are explosives still stored on premises? \_\_\_\_\_

Does insured rent any part of the acreage to others such as lessees? \_\_\_\_\_

**SECURITY**

What persons other than owners are allowed on property? \_\_\_\_\_

Are "No Trespassing" signs conspicuously placed around the property \_\_\_\_\_

Is acreage located within a city, state, or federal park? \_\_\_\_\_

Are all federal, state and local regulations complied with? \_\_\_\_\_

Are all shafts closed, locked and/or boarded? \_\_\_\_\_ How? \_\_\_\_\_

**OPERATIONS DATA**

Does acreage have a stream or dam on premises? \_\_\_\_\_

Are any ore dumps or tailing piles on the property? \_\_\_\_\_

Is the mine located beside any rivers, lakes or streams? \_\_\_\_\_

**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 \_\_\_\_\_  
1<sup>st</sup> Prior Year \_\_\_\_\_  
2<sup>nd</sup> Prior Year \_\_\_\_\_  
3<sup>rd</sup> Prior Year \_\_\_\_\_

**INSURANCE REQUIREMENTS**

Effective Date: \_\_\_\_\_

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

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

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

Who is our competition? \_\_\_\_\_

Signed by Insured \_\_\_\_\_ Date \_\_\_\_\_

Agent \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_