



Kinsale Insurance Company
P. O. Box 17008
Richmond, VA 23226
(804) 289-1300
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MINING SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

APPLICANT'S INFORMATION

1. Applicant: _____
2. Years in business: _____ Years of experience: _____
3. Web site: www. _____
4. Have you operated or are you operating under a different business name now or at any time over the past 10 years? Provide details: _____ Yes No
5. State/area of operation: _____
6. Describe your operations: _____

	Current Year	1 st Prior Year	2nd Prior Year	3 rd Prior Year	4 th Prior Year
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted Work					
# of employees					

Inspection Contact Name: _____
Inspection Contact Phone Number: _____

MINE INFORMATION

1. MSHA Number: _____ Mine Name: _____
2. Permit Number: _____
3. Mine Location/Directions to Mine (including County & State): _____
4. Acreage Associated with this Mine: _____
5. What is being mined? _____
6. Projected Clean Tons for this Mine: _____
7. Projected Raw Tons for this Mine: _____



8. Type of Mine:

Surface

If Surface, is this mine:

Open Pit

Highwall Miner

Mountaintop Removal

Coutour

Auger

Other, Please Provide Details: _____

Underground

If Underground, is this mine:

Longwall

Shortwall

Slope

Drift

Shaft

Advancing

Retreat

Continuous

Conventional (cut and Shoot)

Other, Please Provide Details: _____

9. Operations at this mine. Do you:

Own or Control Mining Permit and Operates Mine

Own or Control Mining Permit, but Mine is Operated by Contract Miner

Contract Miner Operating Mine under Contract with Permit Owner

Provide Leased Employees or Contract Labor to Mine Operators

Landowner – Owns the Land (no permits) and Leases the Land to Others

Operate Prep Plant or Other Processing Facility

Operate a Tipple, Truck, Rail or Barge Load-Out Facility

Own an Inactive Mine – Permanently Closed, Waiting for Bond Release, or Temporarily Shut down.

Other: _____

10. Please describe the security measures used at this mine: _____

11. Is there any sort of barrier used at this mine (gate, fence, cable, chain, etc)? Yes No

If yes, please specify the type used. _____

12. Do you lease or loan equipment to others? Yes No

If yes, please provide details: _____

13. Do you own or control any dwellings or stores? Yes No

14. Do you own or control any recreational facilities? Yes No

15. Do you provide transportation for employees or subcontractors? Yes No

16. Are any impoundments with a dam associated with this mine? Yes No



17. Are there any waste treatment ponds associated with this mine? Yes No

18. Are there any gob, waste or tailings piles associated with this mine? Yes No

19. Is any work associated with this mine performed by leased workers or contract labor? Yes No

If yes, please provide details on the type of work performed by the leased workers or contract labor:

BLASTING INFORMATION

1. Is any blasting performed at this mine? Yes No

If yes, is the blaster an employee or a contractor? Please provide the name of the employee or contractor.

If the blaster is a contractor, please attach a complete copy of your contract with the blaster.

If yes, please describe the training and experience of the blaster: _____

2. What is the distance from the blast site to the closest third party structure? _____

3. Are pre-blast surveys performed? Yes No

If yes, who performs them? _____

4. Are seismographic recordings made of each blast? Yes No

If yes, who performs them? _____

POLLUTION INFORMATION

1. Has pollution or any similar coverage ever been canceled or refused to you? Yes No

If yes, please provide details.

2. Have you in the last five years ever been cited or prosecuted for violation of any standard or law relating to the release of a substance into the environment? Yes No

If yes, please provide details.

3. Have you ever been sued or requested to pay damages or to investigate environmental contamination or perform any remediation with respect to any actual or alleged pollution incident? Yes No

If yes, please provide details.



4. Have there ever been any emissions, discharges, or escapes of pollutants or other substances above permissible levels at any sites for which this application is being made? Yes No

If yes, please provide details.

5. Do you have an environmental management department or any employees vested with the 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, please provide details.

7. Are you currently in compliance with all federal, state and local environmental laws and permits? Yes No

If no, please provide details.

8. Please describe all environmental and pollution losses that occurred during the last five years whether they were covered by insurance or not.

OTHER

1. What percent of work do you subcontract to others? _____ %
2. Do you usually use the same subcontractors? Yes No
3. Are subcontractors always insured? Yes No
4. What general liability limits do you require your subs to carry? _____
5. Are you named as an additional insured on all subcontractors' policies? _____
6. Do you have a written contract with your subcontractors? If yes provide a copy. Yes No
7. Do you obtain certificates of insurance from all subcontractors? Yes No
8. How long do you retain those certificates? _____
9. Do you have a formal safety program? Yes No
10. Do you provide a watchman or security at job sites? Yes No
11. During the past five years, has any insurer ever canceled or non—renewed similar insurance to any applicant or has your insurance been canceled for non—payment of premium by any insurance or finance company? Yes No



If yes, please explain: _____

12. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration. Yes No

If yes, please explain including the name(s) of the person, company or entity and the name(s) and locations(s) of the projects where such operations were performed. (Attach separate sheet if necessary.) _____

13. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? Yes No

If yes, please explain including the names(s) and location(s) of the projects where such operations were Performed. (Attach a separate sheet if necessary.) _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 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/she 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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 VIRGINIA 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

