



COAL, METAL, OTHER SURFACE-UNDERGROUND

An ACORD application form must be submitted in addition to this supplemental application.

A. FIRST NAMED INSURED (Applicant)

1. Enter the name of the individual or organization to be listed as the First Named Insured:

2. Indicate the type(s) of operations conducted by the proposed First Named Insured:

- ☐ Owns or controls the mining permit and directly operates the mine
☐ Owns or controls the mining permit, with operations performed by a contract miner
(attach page 1 and the insurance and indemnification sections of all contract miner agreements)
☐ Operates as a contract miner under agreement with the permit holder
☐ Staffing firm providing leased employees to mine operators
☐ Landowner (no permits held) leasing land to others

a. List all lessees using the land for any purpose (e.g., mining, timber, oil/gas):

b. (Attach page 1 and the insurance and indemnification sections of all lease agreements)

- ☐ Operates a preparation plant or other processing facility
☐ Operates a tipple or loading facility (truck, rail, or barge)
☐ Owns an inactive mine (permanently closed, temporarily shut down, or awaiting bond release)
☐ Other (describe or attach a narrative for any operations not listed above)

B. OTHER NAMED INSUREDS

(Does not apply to Additional Insureds—see Section C)

List all other individuals or entities to be included as Named Insureds. For each, provide a description of operations and the corporate relationship to the First Named Insured.

a. Name: _____
Operations: _____
Relationship to First Named Insured: _____ Ownership %: _____

b. Name: _____
Operations: _____
Relationship to First Named Insured: _____ Ownership %: _____



C. ADDITIONAL INSURED

(Typically, individuals or entities with no corporate or ownership relationship to the Applicant)

List all parties to be designated as Additional Insureds and provide the reason for inclusion.

Name	Reason additional insured status is required

D. APPLICANT INFORMATION

1. Is the Applicant a subsidiary of, or owned or controlled by, another entity? ☐ Yes ☐ No

If YES, provide the name of the entity and describe the relationship: _____

2. Year established: _____

If the Applicant is a newly formed entity:

- a. Provide anticipated start dates:

Mine Development _____ Production _____

- b. Attach details of mining industry experience for principals, managers, or key personnel.

If prior mining companies were owned or operated, list them below:

-
3. Estimated total annual gross sales for all proposed Named Insureds:
-

4. Estimated payroll for all proposed Named Insureds:

Mining _____ Other (excluding clerical or office) _____

5. Does the Applicant own or control any entities not disclosed in this application? ☐ Yes ☐ No

If YES, provide entity name(s), operations, and insurance coverage:

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

If YES, provide details:

8. Does the Applicant act as a subcontractor for any entity? ☐ Yes ☐ No

(other than as a contract miner for a permit holder) If YES, describe the work performed and associated receipts:

9. Does the 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

E. MINE INFORMATION

(Complete a separate section for each of mine)

1. Name of Mine: _____
2. Provide the location and directions to the mine (include County and State):

3. MSHA Identification Number(s): _____
Note: If coverage is issued, it may be restricted to the specific premises identified by the MSHA ID number(s).
4. State Mine Permit Number(s): _____
5. Expected operational life of mine: _____
6. Type of Mine (check applicable and complete details):
☐ Surface Mine
 Specify type:
 ☐ Mountaintop Removal ☐ Open Pit ☐ Contour ☐ Auger
 ☐ Highwall Miner
 ☐ Other (please describe): _____
☐ Underground Mine
 Specify type:
 ☐ Drift ☐ Slope ☐ Shaft ☐ Longwall ☐ Short wall
 ☐ Advancing ☐ Retreating ☐ Continuous
 ☐ Conventional (Cut & Shoot)
 ☐ Other (please describe): _____
7. Material being extracted: _____
8. Annual production for this mine:
 a. Raw tonnage: _____
 b. clean tonnage: _____
9. Total acreage associated with this mining operation: _____
10. Are there any oil or gas pipelines located on the property? ☐ Yes ☐ No
 a. If YES, identify the owner of the pipeline: _____
 b. If YES, describe the condition of the surrounding area, including any issues with landslides or subsidence:

11. Is any portion of the work at this mine performed by leased employees or contract labor?
☐ Yes ☐ No
 a. If YES, provide the annual cost associated with leased or contract labor: _____
 b. If YES, describe the scope of work performed: _____

 c. If YES, attach a copy of the contract with the labor provider.



12. A. Does the site have any oil wells? ☐ Yes ☐ No

_____ Operational _____ non-operational

13. B. Any Wells to be drilled? ☐ Yes ☐ No _____ Per Well

14. Is there a processing facility (e.g., crushing, cleaning, sizing, blending) associated with this mine? ☐ Yes ☐ No
(If one processing facility serves multiple mines, report it on only one Mine Information section.)

If YES:

a. MSHA ID number of the facility: _____

b. Output from raw materials mined at owned or controlled mines: _____

15. Output from raw materials sourced from other mines: _____

Are any of the following present:

a. Waste treatment ponds associated with this mine? ☐ Yes ☐ No

b. Impoundments with a dam associated with this mine? ☐ Yes ☐ No

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

Mine Security:

a. Is the mine entrance from public roadways secured by a gate or other barrier? ☐ Yes ☐ No

If YES, indicate type: ___ Fence/pipe gate ___ Cable or chain ___ Other: _____

If YES, is the barrier locked? ___ At all times ___ During non-operating hours ___ Never

b. Describe any additional security measures in place at this mine:

15. Is a mining engineer employed or retained for this mine? ☐ Yes ☐ No

16. Has this mine ever been shut down by a regulatory authority? ☐ Yes ☐ No

If YES, provide details:

17. CONTRACTORS ENGAGED BY APPLICANT

(Including, but not limited to hauling, drilling, blasting, security, auger mining, high wall mining, reclamation, etc.)

a. Indicate if no contractors will be used: _____

b. Provide the following information for each contractor the Applicant expects to engage during the upcoming year:



(1) Written agreements with contractors should require the contractor to defend, indemnify, and hold the Applicant harmless from any claims, liabilities, or legal actions arising out of the contractor's work or services.

(2) The Applicant should be included as an insured (also referred to as an "Additional Insured") under the contractor's General Liability policy.

(3) Contractors should maintain General Liability insurance with coverage terms comparable to those carried by the Applicant, and with policy limits at least equal to the Applicant's General Liability limits.

Contractor	Services Performed	Written Contract in Place Y/N	Hold Harmless, Defense, indemnity? (1)	Additional Insured? Y/N (2)	Compliant COI? Y/N (3)

18. CONTRACTORS HIRED BY OTHERS

a. Indicate if none: ____ **OR**

b. List of all contractors who are not directly hired by the Applicant but perform services related to the Applicant's mining operations (e.g., coal haulers hired by the permit holder). Include a brief description of the services provided:

TIME ELEMENT POLLUTION COVERAGE OPTION

If Time Element Pollution coverage is **not** requested, check here: ____ and skip this section.

IMPORTANT NOTICE

Time Element coverage applies only when a Pollution Incident begins during the policy period and is discovered and reported in accordance with all policy terms, conditions, and time requirements.

A. HISTORY

1. Has pollution or similar insurance coverage ever been declined or canceled for the Applicant? ☐ Yes ☐ No

If YES, provide details in Part C.



2. Within the past five (5) years, has the Applicant been cited or prosecuted for any violation of environmental laws or regulations related to the release of substances into the environment? ☐ Yes ☐ No
If YES, provide details in Part C.
3. Has the Applicant ever been named in a lawsuit or asked to pay damages, investigate environmental contamination, or perform remediation related to any actual or alleged pollution incident? ☐ Yes ☐ No
If YES, provide details in Part C.
4. Have any emissions, discharges, releases, or escapes of pollutants exceeded permitted or allowable levels at any location included in this application? ☐ Yes ☐ No
If YES, provide details in Part C.
5. Does the Applicant maintain an environmental management department or designate personnel responsible for environmental compliance and control? ☐ Yes ☐ No
6. Is the Applicant aware of any facts or circumstances that could reasonably result in a claim under the proposed policy? ☐ Yes ☐ No
If YES, provide details in Part C.
7. Is the Applicant currently in compliance with all applicable federal, state, and local environmental laws and permit requirements? ☐ Yes ☐ No
If NO, provide details in Part C.
8. Provide details of all pollution or environmental losses incurred within the past three (3) years, whether insured or uninsured.
(Use Part C or attach additional pages if needed.)

Date	Loss Amount	Description

B. MINE INFORMATION

(Complete a separate section for each mine)

1. Mine Name: _____



2. Are there any closed or abandoned mines at this location? ☐ Yes ☐ No

If YES, describe the type of mining operations previously conducted and how long the mine has been inactive:

3. Were any other operations previously conducted at this site? ☐ Yes ☐ No

If YES, provide details including dates and the nature of those operations:

4. Does the site accept landfill, or otherwise dispose of any waste materials originating from offsite locations? YES
NO

If YES, describe the type, quantity, and source of such materials:

5. Is the site owned or controlled by another individual or entity? ☐ Yes ☐ No

If YES, identify the owner or controlling party:

DECLARATION AND SIGNATURE

The undersigned certifies that, to the best of their knowledge and belief, all statements and information provided in this application are true and complete. The insurer is authorized to conduct any investigations or inquiries it deems necessary in connection with this application.

Signature of First Named Insured

Title

Date

(Must not be signed by the Producer)

Submitted by: _____
Producer

FRAUD WARNING

Any person who knowingly and with intent to defraud an insurance company or another person applies containing materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime