

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. THIS APPLICATION MUST BE COMPLETED AND SIGNED BY THE OWNER, PARTNER, OR OFFICER OF THE COMPANY AND WILL FORM A PART OF THE POLICY, IF ONE IS ISSUED.
3. Please read the statements at the end of this application carefully. Thank you!

## MINE CONTRACT LABOR SUPPLEMENTAL

**Applicant's Name:** \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_

Inspection Contact Phone Number: \_\_\_\_\_

1. Enter the name of the person or organization of the First Named Insured: \_\_\_\_\_

2. Please list any other Named Insureds, their operations and their relationship to the first named insured.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list any Additional Insureds requested and the reason the AI status is requested. *(NOTE AI status will not be provided if not required in a written contract.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have a formal company safety program in place?  Yes  No

If Yes, who administers: \_\_\_\_\_

5. Are regular safety meetings held?  Yes  No

Meeting Frequency: \_\_\_\_\_

6. Are you subject to Dept. of Transportation regulation:  Yes  No

**Insured Information**

1. Year established in business: \_\_\_\_\_  
 Attach mining industry work experience of the principals, manager, etc. If other mining companies were owned/operated in the past, provide the names of such companies:

\_\_\_\_\_

2. Gross Projected Revenue for all Named Insureds: \_\_\_\_\_

3. Gross Projected Payroll for all Named Insureds: \_\_\_\_\_

4. Worker's Compensation Mod: \_\_\_\_\_

5. Is the applicant a subsidiary of, or owned or controlled by another entity? \_\_\_\_\_  
 If yes, state the name of the other entity and describe relationship.

\_\_\_\_\_

6. Does applicant own or control any entities not presented in this application?  Yes  No  
 If yes, indicate other entity name, operation, and insurance coverage: *(Unless otherwise instructed, in writing, to provide coverage, these entities and operations will not be provided coverage and will be excluded from any other insurance coverage we may provide.)*

\_\_\_\_\_

7. Does applicant lease or loan any equipment to others?  Yes  No  
 If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Insurance Coverage History**

Past Insurance History (1. Is expiring year.)

Year	1	2	3	4	5
Carrier					
Limits:					
- General Aggregate					
- Products/Completed Ops					
- Personal/Advertising					

<b>Injury</b>					
<b>- Each Occurrence</b>					
<b>Deductible</b>					
<b>Premium</b>					
<b>WC Modifier</b>					

**Advise of any unique coverages or exclusions:**

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**Has any carrier cancelled or refused to renew in the last 5 years? Yes  No**   
**(Explain Yes answers.)**

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**Loss History**

All loss information is to be shown as if no deductible applied.

<b>Loss Summary (5 years) (Attach loss runs valued in the last 3 months.)</b>					
Policy Period	# Claims	Paid	Open Reserve	Expense	Total Incurred

**Provide details on any individuals losses over \$25,000.**

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**Labor Information**

1. How many mines do you have staff working at? \_\_\_\_\_  
\_\_\_\_\_
2. Please provide details on your hiring practices. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you have written contracts with all of your clients at the mines you work in? \_\_\_\_\_  
Please attach copies of all contracts.
4. List other/previous mines worked with MSHA#  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How long did you work at the above mines? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mine Information (complete this portion for each mine)**

1. List the MSHA number and tonnage for all mines:  
Mine MSHA #: \_\_\_\_\_

Total Mine Output:

Raw Tons: \_\_\_\_\_

Clean Tons: \_\_\_\_\_

2. How long has your contract labor been at this mine?  
\_\_\_\_\_
3. How many shifts work at this mine?  
\_\_\_\_\_
4. What control does contractor have over contracted employees?  
\_\_\_\_\_
5. Does contractor have authority to stop work in unsafe environment?  
\_\_\_\_\_
6. Is site owned and controlled by another person or company? If yes, which mine and by whom?  
\_\_\_\_\_  
\_\_\_\_\_

7. Fully describe all operations you are performing under contract:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Mine MSHA #: \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

7. Fully describe all operations you are performing under contract:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:	Signature
Title:	Date: