

	<b>James River Insurance Company and its Subsidiaries</b> 6641 West Broad Street, Suite 300 Richmond, VA 23230	<b>General Mining Application</b>
		<b>ENERGY Division</b> Email to <a href="mailto:EG@jamesriverins.com">EG@jamesriverins.com</a> or, Fax to 804-420-1054
<b>APPLICANT'S INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>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.</li> <li>3. Please read the statements at the end of this application carefully. Thank you!</li> </ol>		

**GENERAL MINING APPLICATION  
(Complete and attach appropriate Supplementals)**

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

**Main Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**SUPPLEMENTAL APPLICATIONS INCLUDED**

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

List supplementals above and have them check off the box if attached

**Insureds**

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.

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

If Yes, who administers:

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5. Are regular safety meetings held?  Yes  No

Meeting Frequency:

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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:

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2. Gross Projected Revenue for all Named Insureds:

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3. Gross Projected Payroll for all Named Insureds:

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4. Worker's Compensation Mod:

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5. Is the applicant a subsidiary of, or owned or controlled by another entity?  Yes  No

If yes, state the name of the other entity and describe relationship:

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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: **(if insurance is provided by us, and unless otherwise instructed in writing, these entities and operations will not be provided coverage and will be excluded.)**

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7. Does applicant lease or loan any equipment to others?  Yes  No

If yes, explain:

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8. Is applicant a subcontractor to any other entities (other than as a contract miner to the permit holder)?  Yes  No

If yes, describe subcontracted work and receipts:

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9. Does 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

### 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 Injury					
- Each Occurrence					
Deductible					
Premium					
WC Modifier					

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

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

**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>					
<b>Policy Period</b>	<b># Claims</b>	<b>Paid</b>	<b>Open Reserve</b>	<b>Expense</b>	<b>Total Incurred</b>

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



2. Contractors Hired by Others

- a. Check here if none
  
- b. List all contractors and the services they perform, for contractors not hired by the applicant but who provide services associated with the applicant's mining operation (example: coal haulers hired by permit holder):

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**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 and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: