

I. APPLICANT INFORMATION

1. Insured Name: _____
 Insured Address: _____

 Mailing Address: _____
 Contact Person: _____ Phone No: _____
 Is the insured owned or controlled by another? Yes No
 Year established in business: _____
 Gross Annual Sales: _____

2. List other named insureds and brief description of operations for each.

Named Insureds	Operations

3. Do you own or control any subsidiary or affiliated companies other than those listed above? Yes No
 4. List additional insured(s) and describe the relationship to the named insured(s).

Additional Insureds	Relationship

II. MINE INFORMATION

A. Mine and Quarry Specifics

1. Location: Please indicate exact location or give directions for each separate mine or quarry (Include Zip Codes in the U.S.A. and Latitude/Longitude coordinates, if available, outside the U.S.)
- a. _____
 b. _____
 c. _____

2. Please answer the following for locations listed above:

	MINE 1	MINE 2	MINE 3
a. Indicate all minerals mined	_____	_____	_____
annual volume	_____	_____	_____
b. Indicate all minerals quarried	_____	_____	_____
annual volume	_____	_____	_____
c. Was this location previously mined?	Yes No	Yes No	Yes No
If yes, name of former entity operating mine:	_____		
d. What is the total acreage owned by you?	_____	_____	_____
leased by you?	_____	_____	_____
permitted by you?	_____	_____	_____
permitted by others?	_____	_____	_____
e. List joint owners (per site)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
f. Are any operations within a city, state, federal area or Indian reservation?	Yes No	Yes No	Yes No

B. Operations

	MINE 1	MINE 2	MINE 3
1. Indicate the operation applicable to each mine or quarry:			
Surface	_____	_____	_____
Underground	_____	_____	_____
Both	_____	_____	_____
a. If surface:			
Open Pit	_____	_____	_____
Mountain Top Removal	_____	_____	_____
Contour	_____	_____	_____
Other	_____	_____	_____
b. If underground			
(1) Number of Entries	_____	_____	_____
(2) Type			
Sublevel stoping	_____	_____	_____
Blasthole stoping	_____	_____	_____
Room and pillar	_____	_____	_____
Cut & fill stoping	_____	_____	_____
Block caving	_____	_____	_____
Sublevel caving	_____	_____	_____
Insitu	_____	_____	_____
Other	_____	_____	_____
(3) Is the mine gaseous?	Yes No	Yes No	Yes No
(4) Are there any shafts or tunnels extending under public roads or highways, private homes, housing sites or commercial buildings?		Yes No	
If yes, number of shafts or tunnels:	_____		
2. Raw tonnage mined annually by you:			
Surface	_____	_____	_____
Underground	_____	_____	_____
3. Do you use subcontractors For mining operations?	Yes No	Yes No	Yes No
If yes, what is the raw tonnage mined annually by your subcontractors?			
Surface	_____	_____	_____
Underground	_____	_____	_____

C. Processing Plants

If you operate a Processing Plant, please complete this section.

1. Raw tonnage processed annually:
 - From mines operated by you _____
 - From mines subcontracted by you _____
 - From outside sources under contract _____

2. Check applicable mineral processing techniques:

Comminution	Gravity concentration
Flotation	Electrostatic or magnetic separation
Agglomeration	Smelting
Heap leaching	Percolating leaching
Agitation leaching	Other: _____

3. If processing is by heap leach:
 - a. Number and Size of pads: _____
 - b. Type of lining (check all that apply):

Single	Double	Triple	
Geomembrane	Clay	Concrete	Asphalt
Other: _____			
 - c. Heap building technique:

Run-of-mine dumping and dozing	Plug dumping/Plug dumping with dozer leveling
Conveyor stacking	Other: _____
 - d. Application of solution:

Flooding or Ponding	"Wobblers"	Wigglers	Sprinkler system
Drip irrigation system/Pressure emitters	Other: _____		

4. Tailings disposal:
 - a. Is there a tailing dam? Yes No
 - b. Are there any treatment or tail ponds? Yes No
 - c. Are there any ore dumps or tailing piles? Yes No

5. Do you ship by:

Truck	Rail	Barge	
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III. GENERAL LIABILITY COVERAGE

If you are requesting General Liability Coverage, please complete this section:

A. General

1. Is there a mining engineer on the payroll or on retainer? Yes No
2. Do you do any blasting? Yes No
 If yes, who performs preblast surveys? _____
3. Do you lease or loan equipment to others? Yes No
4. Do you own or operate a railroad sidetrack? Yes No

5. Do you have full-time site security? Yes No
6. Is the mining area fenced? Yes No
7. Estimated annual payroll for employees:
 Mining: _____ Processing: _____ Other: _____
8. Has this mine ever been ordered closed by any regulatory body? Yes No
9. Is the mine located within 1/4 mile of any river, lake or stream? Yes No
10. Do you control an abandoned or closed mine? Yes No
11. Do you own land not being mined? Yes No
12. What is the annual expenditure on exploration? _____

B. Subcontracted Operations

1. Check all that apply:

	<u>Subcontracted Operations?</u>		<u>Contracts Required?</u>		<u>Hold Harmless Agreement Provided?</u>	
	Yes	No	Yes	No	Yes	No
Engineering	Yes	No	Yes	No	Yes	No
Drilling	Yes	No	Yes	No	Yes	No
Blasting	Yes	No	Yes	No	Yes	No
Mining	Yes	No	Yes	No	Yes	No
Hauling	Yes	No	Yes	No	Yes	No
Reclamation	Yes	No	Yes	No	Yes	No
Environmental	Yes	No	Yes	No	Yes	No

2. Do you maintain certificates of insurance from subcontractors? Yes No
3. Are you named as an Additional Insured on subcontractors' policies? Yes No
4. Do you require minimum limits of liability equal to your own? Yes No
5. Do subcontractors have coverage for explosion/blasting? Yes No
6. Do subcontractors have coverage for subsidence? Yes No

C. Employee Services

1. Are any dwellings or houses, owned or controlled by you, occupied by miners or others? Yes No
2. Are any stores owned or controlled by you? Yes No
3. Are any recreational facilities owned or controlled by you? Yes No
4. Do you own or control an entire mining town? Yes No
5. If YES to any of the above, proximity to mine: _____

6. Do you operate an infirmity service? Yes No
 If yes, where: At the mine site Off-site

7. Do you provide a bus service for:

<u>Subcontracted Operations?</u>	<u>Contracts Required?</u>	<u>Hold Harmless Agreement Provided?</u>
Yes No	Yes No	Yes No

IV. PROPERTY COVERAGE / MACHINERY BREAKDOWN

If you are requesting Property Coverage, please complete this section.

1. What key pieces of equipment will cause a bottle neck or complete shutdown in your process if equipment fails to operate?

2. How is ore stored?

3. How are property values determined?

Replacement cost	Actual cash value	Market value	Other
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4. Indicate physical fire protection (sprinklers, heat detection, fire suppression, other) for:

	MINE 1	MINE 2	MINE 3
a. Hoists	_____	_____	_____
b. Head frames	_____	_____	_____
c. Buildings Mill	_____	_____	_____
Dry	_____	_____	_____
Office/Assay	_____	_____	_____
Maintenance	_____	_____	_____
Crushing	_____	_____	_____
Hoist House	_____	_____	_____
d. Crushers (surface and underground)	_____	_____	_____
e. Conveyors	_____	_____	_____
f. Transformers	_____	_____	_____

5. Describe source of fire fighting water:

Water tower	_____	_____	_____
Lake/River	_____	_____	_____
Other	_____	_____	_____

	MINE 1		MINE 2		MINE 3	
6. Construction:						
Fire resistive						
Masonry non-combustible						
Metal clad						
Joisted masonry						
Frame						
Other						
7. Year built:	_____		_____		_____	
8. Protection Class:	_____		_____		_____	
9. Is this facility located within a federally designed flood zone?	Yes	No	Yes	No	Yes	No
10. Does this facility have a history of flooding?	Yes	No	Yes	No	Yes	No
11. Is maintenance program written or computerized?	Yes	No	Yes	No	Yes	No
12. Value of spare parts inventory?	_____		_____		_____	
13. Is there written and tested contingency plan in place in the event of a catastrophic loss?	Yes	No	Yes	No	Yes	No
14. Any agreements with affiliated or other mines to share equipment or facilities in the event of a loss? If so, please explain					Yes	No

V. MOBILE EQUIPMENT COVERAGE

If you are requesting Mobile Equipment coverage, please complete this section.

(Submit an itemized schedule of equipment including description, valuation {replacement cost / ACV}, and amount of insurance requested for each item).

- | | | |
|---|-----|----|
| 1. If you operate an underground mine, are there any mines adjacent to, above or below, active or inactive mines? | Yes | No |
| 2. Is any equipment leased, loaned or rented to companies other than those owned or controlled by you? | Yes | No |
| 3. If YES, is equipment insured by lessee? | Yes | No |
| If YES, which item(s)? | | |

4. Does mobile equipment have:
- | | | | |
|--|-------------------------------|----------------------------|------------------------|
| | Automatic
Fire Suppression | Manual
Fire Suppression | No
Fire Suppression |
| | Yes No | Yes No | Yes No |

If YES, which item(s)?

5. If you operate an underground mine, describe the natural water issues including pumping equipment and backup generators:

VI. ACCOUNT HISTORY - Please Complete For The Coverage Requested

1. List any and all losses incurred over the past three years. (Submit a separate list if necessary).

Coverage	Date	Amount	Description

2. Complete the following information for the past 3 policy periods:

	Policy Period:	Policy Period:	Policy Period:
	_____	_____	_____
General Liability			
Insurer	_____	_____	_____
LIMITS			
General Aggregate	_____	_____	_____
Products Aggregate	_____	_____	_____
Occurrence	_____	_____	_____
Total Premium	_____	_____	_____
Aggregate Losses	_____	_____	_____
Property			
Insurer	_____	_____	_____
Limit	_____	_____	_____
Total Premium	_____	_____	_____
Aggregate Losses	_____	_____	_____

(continued)	Policy Period:	Policy Period:	Policy Period:
Machinery Breakdown	_____	_____	_____
Insurer	_____	_____	_____
Limit	_____	_____	_____
Total Premium	_____	_____	_____
Aggregate Losses	_____	_____	_____
Mobile Equipment			
Insurer	_____	_____	_____
Limit	_____	_____	_____
Total Premium	_____	_____	_____
Aggregate Losses	_____	_____	_____
Automobile			
Insurer	_____	_____	_____
CSL	_____	_____	_____
Total Premium	_____	_____	_____
Aggregate Losses	_____	_____	_____
Other: _____			
Insurer	_____	_____	_____
Limit	_____	_____	_____
Total Premium	_____	_____	_____
Aggregate Losses	_____	_____	_____

VII. COVERAGE REQUESTED

Policy: New Renewal

A. General Liability

1. Limits requested:

General Aggregate Limit (other than Products-Completed Operations) _____

Products-Completed Operations Aggregate Limit _____

Personal and Advertising Injury Limit _____

Each Occurrence Limit _____

Fire Damage Limit _____

Medical Expense Limit _____

Deductible: _____

2. Employee Benefits:

Limits requested: _____ Retroactive Date: _____

3. Non-Owned and Hired Auto:

Limits requested: _____

B. Excess / Umbrella Liability

Effective Date of Coverage: _____

Limits requested: _____

Pollution Liability:
 Limits requested: _____

C. Property

Effective Date of Coverage: _____

Perils: All risks Excluding Machinery Breakdown
 Including Machinery Breakdown
 Specified (Named)

Mine 1

Address: _____

Description: _____

Mine 2

Address: _____

Description: _____

Mine 3

Address: _____

Description: _____

	MINE 1	MINE 2	MINE 3
LIMITS REQUESTED:			
Building	_____	_____	_____
Personal Property	_____	_____	_____
Business Income	_____	_____	_____
Flood	_____	_____	_____
Earthquake	_____	_____	_____
DEDUCTIBLE REQUESTED:			
Building	_____	_____	_____
Personal Property	_____	_____	_____
Business Income	_____ days	_____ days	_____ days
Flood	_____	_____	_____
Earthquake	_____	_____	_____

D. Business Interruption Yes No

Limit: _____

Basis: Gross Earnings \$/Ton: _____

Estimated Maximum Downtime: _____

Equipment of Foreign Manufacture: Type: _____

Value: _____

Country: _____

E. Mobile Equipment

Effective Date Of Coverage: _____

Limits requested:

Scheduled (submit itemized schedule)

Mobile Equipment _____ Underground mobile equipment _____

Blanket

Mobile Equipment _____ Underground mobile equipment _____

Per item (maximum) _____ Total value of insured equipment _____

Deductible requested _____

Percentage deductible: choose a % of the scheduled amount or value of each item as the deductible amount. (5% or 10%).

(1) Aboveground: _____ % subject to _____ minimum and maximum _____

(2) Underground: _____ % subject to _____ minimum and maximum _____

ADDITIONAL COVERAGE

Are you submitting applications for any of the following coverages?

Pollution

Auto Effective Date Of Coverage: _____

If requesting automobile coverage please attach an ACORD application.

Worker's Compensation Effective Date Of Coverage: _____

Umbrella Effective Date Of Coverage: _____

Other Effective Date Of Coverage: _____

DECLARATION and SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements and information in this application statement are true. The company is hereby authorized to make any investigation and inquiry in connection with the application statement that it deems necessary.

Signature of First Named Insured
(May not be signed by Producer)

Title

Date

Submitted by: _____
Producer

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN:

ARKANSAS

ANY PERSON WHO KNOWINGLY PRESENTS 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.

COLORADO

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA

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.

FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KENTUCKY

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.

LOUISIANA

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.

MAINE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO

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.

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.

OHIO

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE 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.

