



Coal Mine Supplemental Application

Applicant Name _____

1. Indicate the operation(s) of the requested first named insured (please check all that apply):

Owens or controls mining permits and operates mine

Owens or controls mining permit, mine is operated by contract miner

Contract miner operating mine under contract with permit owner

Staffing firm that provides leased employees to mine operators

Landowner – owns land (no permits), leases land to others

List all lessees to whom land is leased for any purpose (mining, timbering, oil/gas, etc.)

Operates prep plant or other processing facility

Operates tippie, truck, rail, or barge load-out facility

Owens inactive mine – permanently closed, temporarily shut down, or waiting for bond release

Other (describe or attach narrative for any operations not indicated above).

2. List all other entities requesting to be named insureds. For each entity, please provide the following:

Entity Name	_____	_____
Detailed description of the operations	_____	_____
Federal Employer ID Number (FEIN)	_____	_____
Physical Location	_____	_____
Estimated employees/payroll per class	_____	_____
Individual ownership percentages	_____	_____

3. Name of Permit Holder (if different than applicant)	Permit Numbers	State Mine ID Numbers	Federal (MSHA) Number
_____	_____	_____	_____
_____	_____	_____	_____

4. Projected Raw Tonnage:

_____ Underground
 _____ Surface
 _____ Prep (for others only)

5. Please indicate coal quality and projected percentages below:

Steam Coal: _____% MET Coal: _____% Mixed Quality Coal (Steam & MET): _____% Steam _____% MET
 (projected percentage of each coal quality)

6. What is the life expectancy of the mine? _____

7. Name, phone number, and email of safety director: _____

8. Type of Mining: (Check all that apply)

A: Surface		B: Underground
Contour	Hi-wall Mining	Type of Conventional
Mountain Top Removal	Area	Continuous
Auger	Prep Plant	Long Wall
		Removing Pillars

9. Is there a dock or marine facilities exposure? Yes No

If yes, please explain: _____

10. Coal is sold by: Contract Spot

If contract, please give expiration date of contract and approximate tonnage required by contract:

11. Do employees change shifts at face? Yes No

If so, what is the maximum number of employees underground? _____ Number of shifts? _____

12. Please provide copies of safety booklets if available.

13. Do you employ any subcontractors? (i.e. hauling, reclamation, mechanics, etc.) Yes No

Please list the name and type of service provided.

Are certificates of insurance required? Yes No

Please list Insurance Carrier and Effective Dates

14. Mine Security:

Is there a gate or other barrier at mine entrance from public road(s)? Yes No

If yes, is the gate/barrier locked? Yes No

Are security guards stationed at the site? Yes No

Is so, please provide the name of the company providing security (if different than applicant)

If security is provided by another company, please provide their certificate of insurance.

15. Has there been a name change, consolidation, merger or ownership change during the past five years? Yes No

If yes, give previous name and date of change: _____
(include ERM14 showing this change)

16. Is this applicant related through common management or ownership to any entity not listed here, whether coverage is required or not? Yes No

If yes, give detailed explanation: _____

17. Do you provide temporary labor services to other employers? Yes No

If yes, please provide a list of client companies.

Name	Address	Location Address
_____	_____	_____
_____	_____	_____

18. Do you obtain employees through temporary labor services or labor contractor? Yes No

If yes, please provide the names and addresses of the company providing the service.

Name	Address	Location Address
_____	_____	_____
_____	_____	_____

19. Do you lease workers to a client company? Yes No

20. Do you lease workers from an employee leasing company? Yes No

21. Give directions to all mine sites or name and phone number of contact person for site inspection.