



Coal Mine Supplemental Questionnaire

If more space is needed, please use the blank box at the end of this form.

Insured's Name _____

Insured is: Owner/Operator Owner with Contract Miner Contract Miner Contract Laborer Prep Plant

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

3. Permit Numbers	State Mine ID Numbers	Federal (MSHA) Numbers
_____	_____	_____
_____	_____	_____

4. Total raw tonnage: _____

Underground

Surface

Prep (for others only)

5: Type of mining: (Check all that apply)

A: Surface

- Contour
- Mountain Top Removal
- Auger

- Hi-wall Mining
- Area
- Prep Plant

B: Underground

- Type of Conventional
- Continuous
- Long Wall
- Removing Pillars

6. Name and phone number of Safety Director _____

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

If yes, please explain: _____

8. Coal is sold by : Contract Spot

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

9. Do employees change shifts at face? Yes No

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

10. Please provide copies of safety booklets if available.

11. 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.

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

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

13. Is this applicant related through common management or ownership to any entity not listed here, whether coverage is required or not?

Yes No

a. If yes, give detailed explanation. _____

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

a. If yes, please provide a list of client companies.

Name

Address

Location Address

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

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

Name

Address

Location Address

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

a. If yes, please provide the Employee Leasing Company form EL1 and EL2 for each client company.

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

a. If yes, please provide the leasing company's EL1 and EL2.