

COAL MINE SUPPLEMENTAL QUESTIONNAIRE

Insured's Name:

1. Insured is: Owner/Operator
 Owner with Contract Miner
 Contract Miner
 Contract Laborer

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	B. Underground
<input type="checkbox"/> Contour	<input type="checkbox"/> Type of Conventional
<input type="checkbox"/> Mountain Top Removal	<input type="checkbox"/> Continuous
<input type="checkbox"/> Auger	<input type="checkbox"/> Long Wall
<input type="checkbox"/> Hi-wall mining	<input type="checkbox"/> Removing Pillars
<input type="checkbox"/> Area	

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

9. Do employees change shifts at face, 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.)
Please list the name and type of service provided. _____

Are certificates of insurance required? _____

12. 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 _____

13. 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 _____

14. Do you provide temporary labor services to other employers? Yes _____ No _____
If yes, please provide a list of client companies – including names; addresses and location addresses.

15. Do you obtain employees thru a temporary labor services or labor contractor? Yes _____ No _____
If yes, please provide the names and addresses of the company providing this service.

16. Do you lease workers to a client company? Yes _____ No _____
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 _____
If yes, please provide the leasing company's EL1 and EL2