

**COAL MINE LIABILITY - POLLUTION LIABILITY
SUPPLEMENTAL APPLICATION**

IMPORTANT NOTICE

THIS IS AN APPLICATION FOR A POLICY THAT CAN BE WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **ROCKWOOD CASUALTY INSURANCE COMPANY**, A LICENSED INSURER.

Agent _____ Agent Code _____ Date _____

Applicant Name _____
(If partnership, include names of all partners)

Applicant Address _____

Applicant Email Address _____

Effective Date _____ Expiration Date _____

Submission Status: Quote Issue Policy Renewal Policy

Applicant is: Individual Partnership Corporation Other:

Corporation Officers: _____ Inspection Contact: _____
 President _____ Phone Number _____
 Vice President _____
 Secretary _____ Audit Contact: _____
 Treasurer _____ Phone Number _____

Indicate experience by year for the past three years. BRIEFLY DESCRIBE ALL LOSSES UNDER "REMARKS"

**** PLEASE ATTACH THREE YEAR LOSS RUNS (new business only) ****

Year	Previous Carrier	Liability Premium	Pollution Premium	Incurred Losses		Number of Losses	
				Liability	Pollution	Liability	Pollution

Reason for changing company _____

Has similar insurance ever been cancelled or declined? _____

Type of mining operation ? Surface Underground Other

Is applicant performing own mining? Yes No Sub-contractor use? Yes No

How long has applicant been engaged in this business? _____

Local information: Include all active and inactive mine sites and any Tipple, Coal Processing, or Coal Loading Facilities. (Only sites that have been completely backfilled and seeded will be considered inactive.)

Name of Mine	Permit Number	Location	Active/Inactive
1.			
2.			
3.			
4.			
5.			

List additional locations separately.

ONLY SCHEDULED LOCATIONS WILL BE INCLUDED FOR COVERAGE

LIMITS OF LIABILITY:

Gen. Aggregate Limit (other than products/completed operations)	\$ _____
Prod./Comp. Operations Aggregate Limit	\$ _____
Personal Injury/Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit	\$ _____
Medical Expense Limit	\$ _____
Pollution Liability Aggregate Limit	\$ _____
Pollution Liability Each Incident	\$ _____
Deductible Amount	\$ _____

COVERAGES

- CGL (Occurrence Form)
- Coal Mine Liab. (Occurrence Form)
- Pollution Liab. (Claims made form-available only in conjunction with Coal Mine Liability)
- Blasting

DESCRIPTION OF HAZARDS

Classification	Code Number	Premium Basis
<input type="checkbox"/> Surface Mining		Gross Sales <input type="checkbox"/>
<input type="checkbox"/> Underground Mining		Payroll <input type="checkbox"/>
<input type="checkbox"/> Augering		Area <input type="checkbox"/>
<input type="checkbox"/> Tipple		Contract Cost <input type="checkbox"/>
<input type="checkbox"/> Sand and Gravel Operation		Other <input type="checkbox"/>
<input type="checkbox"/> Quarry		Tonnage <input type="checkbox"/>
<input type="checkbox"/> Other:		

CLAIMS MADE POLLUTION COVERAGE:

Proposed retroactive date: _____

Entry date into claims made coverage: _____

Has any location, accident or pollution incident been excluded, uninsured, or self-insured? _____

Has tail coverage been purchased under any previous policy? _____

Other Lines	Present Carrier	Expiration Date	Estimated Annual Premium
Workers Compensation			
Automobile			
Umbrella			

Remarks:

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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