

**ROCKWOOD CASUALTY INSURANCE COMPANY
COAL MINE LIABILITY - POLLUTION LIABILITY APPLICATION**

Agent _____ Agent Code _____ Date _____

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

Applicant 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:

1. I hereby declare to the best of my knowledge and belief that all of the statements contained in this application are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.
2. I have carefully reviewed this Application. It reflects accurately all the Coverages, Limits and Deductibles I desire.

Thank you for considering this Company as your insurance carrier. In compliance with Public Law 91-508, as part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

(Signature – Agent or Broker)

(Signature of Applicant)

(Agency Name)

(Date)

**NOTE: Failure to answer all questions may result in delay in issuing policy!
This is an application only. No binding authority is extended to the producing agent.**

FRAUD STATEMENTS

PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

All Other States: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME and VA, insurance benefits may also be denied).

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.