



Industry Solutions

Mining Vacant Land GL Supplemental Application

Insured: _____ Phone # _____

Mailing Address: _____

Number of years applicant has owned/leased property: _____

Exact location of acres (so engineer can locate it)(Include City, State and County): _____

What is acreage being held for? _____

GENERAL DATA

Distance of acreage to nearest town: _____ Number of acres: _____

Distance to nearest paved state highway: _____

Can the acreage be easily walked to from the nearest highway? Yes No

DATA

Any additional insureds or waivers needed? Yes No

If yes, who and what is the relationship to the insured? _____

Explain any public exposures (such as beltlines, vacant bldgs, equipment, etc.) _____

Are there any tipples on property? Yes No If yes,

a. What is the protection of the tipple? _____

b. What is the sq. footage of the tipple? _____

c. Number of stories of the tipple: _____

d. Is perimeter of acreage fenced? Yes No Please describe: _____

Are explosives still stored on premises? Yes No

Does insured rent any part of the acreage to others such as lessees? _____

SECURITY

What persons other than owners are allowed on property? _____

Are "No Trespassing" signs conspicuously placed around the property? Yes No

Is acreage located within a city, state, or federal park? _____

Are all federal, state and local regulations complied with? Yes No

Are all shafts closed, locked and/or boarded? Yes No

If yes, how? _____

OPERATIONS DATA

Does acreage have a stream or dam on premises? _____

Are any ore dumps or tailing piles on the property? _____

Is the mine located beside any rivers, lakes or streams? _____

LOSS DATA

Give any particulars of any general liability losses occurring within the past 5 years (if none, so state):

Give name of former insurance carriers covering public on this mine:

Present Year: _____

1st Prior Year: _____

2nd Prior Year: _____

3rd Prior Year: _____

INSURANCE REQUIREMENTS

Effective Date: _____

Limits requested: 500,000/1mil 1mil/2mil

Coverage requested: CGL Fire Damage Prod/Comp ops Medical expenses
 Personal and Advertising Injury

Deductible: \$1,000 \$2,500 \$5,000 \$10,000

Who is our competition? _____

Signed by Insured: _____ Date: _____

Agent: _____

Street Address, City, State, Zip: _____