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: _____