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QUARRIES AND MINES SUPPLEMENTAL APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY
ATTACH TO ACORD COMMERCIAL GENERAL LIABILITY APPLICATION

NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

A. APPLICANT INFORMATION

Applicant: _____ Date: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Company Website: _____ D&B No. _____
Form of Business: Individual Partnership Corporation Joint Venture
 Other (describe): _____

If there is more than one proposed Named Insured, list each and provide percentage of ownership:

B. QUARRY AND MINE SPECIFICS

1. Locations: Please indicate exact location or give directions for each separate mine or quarry. (Include Zip Codes in the U.S.A. and Latitude/Longitude coordinates, if available, outside the U.S.)

- a. Loc. 1
- b. Loc. 2
- c. Loc. 3.

If additional Locations, please list and provide additional details on each, as requested below:

2. Please answer the following for each location listed above:

- | | Quarry/Mine 1 | Quarry/Mine 2 | Quarry/Mine 3 |
|----|--|---------------|---------------|
| a. | Indicate all minerals mined and annual production | | |
| b. | Indicate all minerals quarried and annual production | | |
| c. | Was this location previously mined? | | |

Quarry/Mine 1 Yes No**Quarry/Mine 2** Yes No**Quarry/Mine 3** Yes No

If yes, name of previous entity operating mine:

- d. What is the total acreage
owned by you?
leased by you?
permitted by you?
permitted by others?
- e. List joint owners (per site)

- f. Are any operations within a city, federal area or Indian reservation?

 Yes No Yes No Yes No**C. OPERATIONS****Quarry/Mine 1****Quarry/Mine 2****Quarry/Mine 3**

1. Indicate the operations applicable to each mine or quarry:

a. SurfaceOpen Pit Yes No Yes No Yes NoMountain Top Removal Yes No Yes No Yes NoContour Yes No Yes No Yes No

Other (describe):

b. Underground

(1) Number of Entries

(2) Type:

Longwall Yes No Yes No Yes NoRoom and pillar Yes No Yes No Yes NoSublevel stopping Yes No Yes No Yes NoBlasthole stopping Yes No Yes No Yes NoCut and Fill stopping Yes No Yes No Yes NoBlock caving Yes No Yes No Yes NoSublevel caving Yes No Yes No Yes NoInstitution Yes No Yes No Yes No

Other (describe):

(3) Is the mine gaseous?

 Yes No Yes No Yes No

(4) Are any shafts or tunnels under public roads or highways, private homes, housing sites or commercial buildings?

 Yes No Yes No Yes No

If yes, number of shafts or tunnels:

Quarry/Mine 1

Quarry/Mine 2

Quarry/Mine 3

2. Raw tonnage mined annually by you:

Surface

Underground

3. Do you use subcontractors for mining operation?

Yes No

Yes No

Yes No

If yes, what is the raw tonnage mined annually by your subcontractors?

Surface

Underground

D. LOSS HISTORY

1. List all losses incurred over the past three years. (Submit a separate list if necessary.)

Date	Amount	Description
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

2. Complete the following information for the past three policy periods:

Policy Period:

Policy Period:

Policy Period:

Insurer:

Limit:

Total Premium:

WARRANTY STATEMENT

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Name of Applicant

Title

Signature of Applicant

Date