

**MINING, METALLURGY & EXPLORATION  
APPLICATION FOR  
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE  
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

**THIS APPLICATION IS FOR A  
CLAIMS MADE INSURANCE**

**APPLICANTS' INSTRUCTIONS**

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
3. PLEASE SUBMIT TO [SUBMISSIONS@STATESIDEUNDERWRITING.COM](mailto:SUBMISSIONS@STATESIDEUNDERWRITING.COM). QUESTIONS CALL 440-893-9917

1. Name of Applicant: \_\_\_\_\_  
 Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_
2. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. Branch Office Address(es) – use a separate addendum if applicable.
5. Date Established (current entity): \_\_\_\_\_
6. Years of industry experience \_\_\_\_\_
7. Is the applicant a professional engineer? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Does the applicant have a PE licence? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is the applicant a consultant? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Association memberships: \_\_\_\_\_

**PERSONNEL**

9. Number of Staff	Last Year	This Year
Principals/Partners/Directors:	_____	_____
Other Licensed Professionals:	_____	_____
Other Staff:	_____	_____
<b>Total Licensed Professionals</b>	_____	_____

**10. GROSS BILLINGS**

Current Fiscal Year 20\_\_\_\_ \$ \_\_\_\_\_ Last Fiscal Year 20\_\_\_\_ \$ \_\_\_\_\_  
 (estimated)

**CATEGORY**

11. Please indicate the category to which the applicant is affiliated

Coal & Energy		%
Environmental		%
Industrial Minerals		%
Minerals & Metallurgical		%
Mining & Exploration		%
Bulk Material handling		%
Construction Materials and aggregates		%
Education		%
Mineral Resource management		%
Underground construction		%
Other (please specify below)		%

12. Please indicate percentage of the Applicant's gross billings derived from projects outside the U.S.A. and Canada \_\_\_\_\_%

13. Were more than 25% of the Applicant's billings during the past fiscal year derived from a single client or contract?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes then please provide details please.

**PROFESSIONAL DISCIPLINES**

14. Specify as a percentage of the Applicant's Gross Billings. (Total must equal 100%)

HVAC Engineering	%	Mining Construction Engineering	%
Civil Engineering	%	Land Surveying	%
Mechanical Engineering	%	Construction Management	%
Electrical Engineering	%	Process/ Mining Operation Engineering	%
Structural Engineering	%	Chemical Engineering	%
Soils/ Geotechnical Engineering	%	Environmental*	%
Laboratory Testing	%	Hydrogeology/Geology	%
Machine Design	%	Other (please specify below)	%

Other continued \_\_\_\_\_

15. What is the Applicants' perceived exposure? \_\_\_\_\_

15b. Please indicate the percentage of the Applicant's billing derived from repeat business \_\_\_\_\_%

16. During the past twelve months, has the Applicant or any subsidiary, parent or other organization related thereto, been engaged in:
- a. Development, sale or leasing of computer software. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Manufacture, sale, leasing or distribution of any product, Process or patented production process. Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Design of a building, component or systems which might be used on more than one project. Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Actual construction, fabrication, or erection. Yes \_\_\_\_\_ No \_\_\_\_\_

**PROJECTS**

17. Please indicate types of projects as a percentage of the Applicant's Gross Billings.

a. Mine Construction	_____%	c. Ecological rebuilding	_____%
b. Mine Excavation	_____%	d. Other (please specify below)	_____%

**RESOURCES**

18. Please indicate percentages of the Applicant's Gross Billings derived from each of the following resources. (Total must equal 100)

a.	Coal	_____%
b.	Copper	_____%
c.	Crushed stone	_____%
d.	Sand & gravel	_____%
e.	Aluminium	_____%
f.	Iron ore	_____%
g.	Salt	_____%
h.	Precious metals	_____%
i.	Uranium	_____%
j.	Nickel	_____%
k.	Oil & gas	_____%
l.	Other (please specify below)	_____%

**MINE TYPE**

Please indicate percentage of the Applicant's Gross Billings attributable to the following types of Mines. (Total must equal 100%)

a.	Longwall	_____%
b.	Highwall	_____%
c.	Open Pit	_____%
d.	Strip Mining	_____%
e.	Mountain top	_____%
f.	Solution/ Fluid	_____%
g.	Hard Rock	_____%
h.	Placer	_____%
i.	Landfill	_____%
j.	Block caving	_____%
k.	Offshore	_____%
l.	Underwater	_____%
m.	Other (please specify) _____	_____%

**MINING METHOD**

19. Please indicate percentage of the Applicant’s Gross Billings attributable to the following types of Mining method. (Total must equal 100%)

a.	Surface	_____ %
b.	Subsurface	_____ %

**SUBCONTRACTORS/CONSULTANTS**

20 a. Please indicate types and percentages of work the Applicant subcontracts to others:

- b. Are written contracts used for all subcontractors and subconsultants? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Do the Applicant’s contracts with subcontractors and subconsultants contain indemnification and hold harmless provisions? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Does the Applicant obtain certificates of insurance from all subcontractors and subconsultants? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Is the Applicant named as an Additional Assured under all subcontractor and subconsultant General Liability policies? Yes \_\_\_\_\_ No \_\_\_\_\_

**MANAGEMENT**

- 21 a. Does the Applicant have an in-house quality control procedure? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Is a written agreement incorporating the scope of services used on all projects? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Has the name of the Applicant changed or has any other firm been merged with or into the Applicant or is any such change pending? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give full details by attachment
- d. Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give full details by attachment

**LOSS HISTORY**

- 22 a. After enquiry, have any claims or suits been made against the Applicant? (please include those claims arising from separate insurance projects). If yes, Supplement 6 must be submitted Yes \_\_\_\_\_ No \_\_\_\_\_
- b. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Supplement 6 must be submitted
- c. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details by attachment.

**INSURANCE**

23. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused? If yes, please give details by attachment. Yes \_\_\_\_\_ No \_\_\_\_\_

24. Please give details of previous insurance (past five years):

Carrier	Insurance No.	Limits Each Claim/ Aggregate	Deductible	Paid Premiums	Effective From / To
1. _____	_____	\$ _____	\$ _____	\$ _____	_____
2. _____	_____	\$ _____	\$ _____	\$ _____	_____
3. _____	_____	\$ _____	\$ _____	\$ _____	_____
4. _____	_____	\$ _____	\$ _____	\$ _____	_____
5. _____	_____	\$ _____	\$ _____	\$ _____	_____

Retroactive Date of current insurance: \_\_\_\_\_

25. Please state coverage Limits and Deductible required:

A. Coverage Limits of Liability \$ \_\_\_\_\_ B. Self Insured Retention \$ \_\_\_\_\_

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true, and no material facts have been suppressed, omitted, or misstated.

Underwriters reserve the right to amend the terms, conditions and limitations of any insurance issued as a result of this application, if subsequent to the date of this application, but prior to the inception of such insurance, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event insurance is issued.

This application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors and Employees.

\_\_\_\_\_  
**Must be signed by Owner, Partner or Officer:**

\_\_\_\_\_  
**Authorized signature of applicant** **Title**

\_\_\_\_\_  
**Date**

PLEASE ATTACH THE FOLLOWING

- 1) RESUME
- 2) BRIEF OVERVIEW OF SERVICES RENDERED ON 2 LARGEST PROJECTS