



**MINERAL EXPLORATION PROGRAM
 GENERAL LIABILITY APPLICATION**

A. APPLICANT INFORMATION

1. Applicant's Name:
2. Street Address: City/Town:
3. Prov: Postal Code: Website:
4. Year Established: No. Years Experience:
5. Annual Exploration Expenditures: \$ Annual Payroll: \$
- 6a. No. of Employees: Canada United States: Other:
- 6b. Are all employees covered by Workers' Compensation Insurance? Yes No
- 6c. If answer above is No, how many employees? Annual Payroll:
- 6d. Approximate number of seasonal or casual workers: Approximate no. of months:
7. List other named insured's subsidiaries, affiliated companies and the operations of each (*or attach a list):

Company	Describe Operations

Attach an organizational chart if available.

B. LIMIT OF LIABILITY

1. Limit of Liability Required \$	Development Stage Key: a. Prospecting (Identifying targets) b. Geophysical Exploration, Rock Sampling, Line Cutting, IP Surveys c. Drilling d. Pre-feasibility	e. Environmental Assessment f. Feasibility, Permitting g. Mine Development h. Operating Mine
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C. EXPLORATION PROJECT INFORMATION (Attach list if necessary)

1. Locations	Acreage	Annual Expenditure	Are you the Operator for the project?	Development Stage (see key above)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Exploration Project Information (cont'd)

- 2. Have any locations been previously mined? Yes No
- 3. If yes provide details (Attach separate sheet if necessary):
.....
- 4. Describe access to properties:
.....
- 5. Describe proximity to public roads or towns:
.....
- 6. Are projects near or on existing mine sites or other properties? Yes No
(If Yes, provide details)
.....
- 7. Are there any operations within Federal parks or protected areas? Yes No
- 8a. Are there any railroads, spurs or sidetracks on your exploration properties? Yes No
- 8b. If Yes, have you signed any Sidetrack Agreements? Yes No

E. SUB-CONTRACTED OPERATIONS

- 1. Estimated cost of sub-contract work: \$.....
- 2. Describe sub-contracted operations and applicable sub-contracted expenditures:
- 3. Drilling:..... \$.....
- 4. Aviation Services:\$
- 5. Other (Please describe):
..... \$.....
..... \$.....
..... \$.....
..... \$.....
- 6. Do you require all sub-contractors to carry Liability Insurance? Yes No Usually (state approx.. %)
- 7. What limit of insurance do you require sub-contractors to carry? \$.....
- 8. Do you ask to be added to their coverage as an additional insured? Yes No Usually (state approx.. %)
- 9. Do you request proof (Certificates) of insurance ad Notice of Cancellation? Yes No Usually
- 10. Please attach a sample contract.
(Please review the Axis Insurance Mangers Risk Transfer Guide (available upon request) for suggestions regarding contractual clauses.

F. GENERAL LIABILITY INFORMATION

- 1. Do you do any blasting? Yes No
- 2. Are explosives carefully stored and handled? Yes No
- 2a. Is a blasting contractor used? Yes No
- 3. Do you control, or are there any abandoned, old or closed mines on your exploration properties? Yes No Open Pit Underground
(Including any historic or existing mines, tunnels, shafts, adits, abandoned buildings or other structures.)

*If yes, please complete the historic workings supplement attached. (F-1)

- 4. Is there debris burning? Yes No
If yes, please detail burning controls:
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.....
.....
.....
.....

- 5. Do you provide any consulting or professional services to others for a fee? Yes No
If Yes, please describe:.....
.....
.....

- 6. Do you employ students? Yes No
- 6a. Do you require waivers signed by expedition members and others visiting your projects? Yes No
- 6b. If No, would this be something you could implement? Yes No
- 7. What kind of safety training and planning do you have at exploration sites?:
.....
.....
.....
.....

***ONLY COMPLETE THIS SECTION IF THE ANSWER TO QUESTION F-3 IS YES**

Have all projects been surveyed for historic workings? Yes No

If yes, please describe survey process. If no, please estimate timeline for survey to be completed:

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.....
.....

Please describe the number of hazards as well as the extent of these workings. In your description please be sure to include approximate length of adits and depth of any vertical shafts. (If photos of these workings are available please include these as well.)

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.....
.....
.....

Please describe the process of closing off and/or signposting workings:

.....
.....
.....
.....

Who is accountable for this process?

If this process is not already completed, what is the timeline for completion?

Are comprehensive maps/records maintained of all located openings including those that have been closed off and those that remain open? Yes No

Is there any security on these sites preventing access to the workings or the site itself? Yes No

Have signs been placed on all properties warning of the danger to recreational users due to the presence of underground openings? Yes No

From your experience, have there been a large number of recreational users on their properties? Yes No

Is there a procedure in place to ensure secured openings remain secure, signposts are undamaged and other security measures are maintained? Yes No

G. EXCESS / ADDITIONAL LIABILITY COVERAGE

1. Limit of excess umbrella liability required? \$

2. State number for each type of owned / leased vehicle:

3. Private Passenger	Vans, Pick-Ups	Tractors	Tankers
3. Trucks – Light	Trucks – Heavy	Others	

4. Do you own, charter or use any aircraft? Yes No

If Yes, please describe:.....

5. Do you intend to, or have you built any helicopter landing pads or airstrips? Yes No

If Yes, please provide information:

.....

.....

.....

6. Do you operate snow mobiles or ATVs? Yes No Owned Rented Leased
 Licensed Unlicensed How many ATVs? How many snowmobiles?
(Please attach schedule)

7. Do you own, charter or use any watercraft? Yes No

If Yes, please describe:.....

.....

.....

H. LOSS HISTORY

Have you incurred any losses or claims in the past five years? Yes No (include any uninsured losses)

Type of Loss	Date	Amount	Description

THE UNDERSIGNED DECLARES THAT to the best of his or her knowledge and belief, the statements and information in this application statement are true. 'The Company' is hereby authorized to make any investigation and inquiry in connection with the application statement that it deems necessary.

DATED:

SIGNED:

Print Name:

Title:

SUBMITTED BY (Broker/Producer):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing 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.

(Please ensure you have included any necessary attachments)