



AXIS / Mining

**Global Mining
Liability Insurance
Application**

www.axisinsurance.ca

Application information

1. Applicant's Name:

2. Street Address:

City/Town

Prov:

Postal code:

3. Website

4. Year Established:

5. Total number of: Full time employees:

Part time or seasonal employees:

Officers (if independent contractors):

Other full time independent contractors:

6. Annual payroll:

7. Are all employees covered by workers comp?

Yes

No

8. List other named insured's subsidiaries, affiliated companies and the operations of each (or attach a list)

COMPANY	DESCRIBE OPERATIONS
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Please attach an organizational chart if available.

Limit of liability

9. Limit of Liability Required:

Exploration Project information

10. Project expenditures

PROJECT NAME	LOCATION STATE, PROVINCE OR COUNTRY IF NOT IN NORTH AMERICA	ARE YOU THE OPERATOR [Y/N]	DEVELOPMENT STAGE SEE KEY AND INDICATE LETTER	TOTAL ANNUAL EXPENDITURE (\$)	UNDERGROUND EXPENDITURES (\$)	SUBCONTRACTED EXPENDITURES (\$)	OFFICE-BASED EXPENDITURES (\$)	AVIATION EXPENDITURE (\$)
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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

11. Describe access to projects including proximity to roads and towns

12. Are any projects located near existing mines or other property? Yes No

13. Are there any abandoned, old or closed mines on the property? Yes No

Historic Workings Supplement (only complete this section if the answer to the previous question #13 is 'Yes')

a. Have all projects been surveyed for historic workings?

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

b. 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).

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

d. Who is accountable for this process?

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

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

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

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

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

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

General Liability information

- | | | |
|--|-----|----|
| 14. Do you do any blasting? | Yes | No |
| 15. Are explosives carefully stored and handled? | Yes | No |
| 16. Is a blasting contractor used? | Yes | No |
| 17. Is there debris burning? | Yes | No |

If **Yes**, please detail burning controls:

- | | | |
|---|-----|----|
| 18. Do you provide any consulting or professional services to others for a fee? | Yes | No |
|---|-----|----|

If **Yes**, please describe:

- | | | |
|--|-----|----|
| 19. Do you employ students? | Yes | No |
| 20. Do you require waivers signed by analysts and others visiting your projects? | Yes | No |

If No , would this be something you could implement?	Yes	No
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- | | | |
|--|--|--|
| 21. What kind of safety training and planning do you have at exploration sites?: | | |
|--|--|--|

Sub-contracted Operations

- | | | |
|--|-----|----|
| 22. Do you require all sub-contractors to carry Liability Insurance? | Yes | No |
| 23. What limit of insurance do you require sub-contractors to carry? | \$ | |
| 24. Do you ask to be added to their coverage as an additional insured? | Yes | No |
| 25. Do you request proof (Certificates) of insurance and Notice of Cancellation? | Yes | No |

Please attach a sample contract.

Please review the Axis Insurance Risk Transfer Guide (available upon request) for suggestions regarding contractual clauses.

Automobiles and watercraft risks

Owned Automobiles

26. Do you have owned, or long term leased automobiles? Yes No
 (Includes vehicles rented in 30-day increments on a 'rolling rental' format)

27. What limit of Private Automobile Liability do you carry?

28. Do you operate unlicensed automobiles? Yes No

Non-Owned Automobiles - rented for less than 30 days (but not including 30-day increments on a 'rolling rental' format)

29. Do you expect to rent vehicles in Canada, USA or International? Yes No

if Yes	Canada		USA		International	
30. Are rental vehicles passenger vehicles only (cars and pick-ups)?	Yes	No	Yes	No	Yes	No
31. Do you intend to rent commercial vehicles such as heavy trucks, with or without flatbeds and trailers, or other commercially licensed vehicles?	Yes	No	Yes	No	Yes	No
32. Do you rent vehicles for business use?	Yes	No	Yes	No	Yes	No
33. Do you generally purchase physical damage insurance from the rental company?	Yes	No	Yes	No	Yes	No
34. What is the approximate number of annual rental days?						
35. What is the approximate annual milage?						

Snowmobiles / ATV's

36. Do you operate snowmobiles or ATV's? Yes No

37. Are they licensed? Yes No

38. How many snowmobiles?

39. How many ATV's?

Watercraft

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

If yes, please describe

Aircraft and aviation risks

41. Do you own, charter or use any aircraft?	Yes	No	
42. Do you intend to, or have you built any helicopter landing pads?	Yes	No	
43. Do you intend to, or have you built any airstrips	Yes	No	
If the answer to either of the above is Yes , is the work subcontracted?	Yes	No	
44. Will your employees or subcontractors conduct any helicopter fueling operations?	Yes	No	
45. Will you arrange for analysts or other third parties to visit your properties by helicopter or fixed wing aircraft?	Yes	No	
If yes , do you request signed waivers?	Usually	Yes	No

Pollution risks

46. Are any environmental site assessments available? If yes, please attach	Yes	No
47. Please specify the number of locations where you store, keep or use any of the following fuels:		
Aircraft / Helicopter Fuel:		Drilling Gas:
48. Are there any underground storage tanks on any of your properties?	Yes	No
49. Do you keep fuel trucks or tanker trucks on your property?	Yes	No
50. Please describe below any specific environmental controls or containment procedures in place:		
51. Do you store or keep any other chemicals or contaminants?	Yes	No
52. Please describe internal spill plan and reporting requirements:		
53. Who is responsible for reporting a pollution incident?		

54. Do you have any above ground storage tanks? Yes No

a. If **yes**, please provide details.

LOCATION/PROPERTY	PRODUCT(S) STORED	CAPACITY	AGE OF TANK	BERMED OR DYKED
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b. What is the estimated total annual volume?

c. Are tanks double walled? Yes No

If **Yes**, how many?

Cyber risks

55. Are you interested in cyber insurance Yes No

If **yes**, please complete the cyber addendum (page 8)

Claims and losses

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

Cyber Addendum (only complete this section if the answer to #55 is 'Yes')

- a. Have you experienced any cyber incidents in the last 3 years that had a direct financial impact on your business of more than \$10,000? If yes, please provide full details. Yes No
- b. Who is responsible for IT security within your organization (by job title)?
- c. How long have they held this position?

Cyber security checklist:

Yes	No	Is multi-factor authentication required for all remote access to your network?
Yes	No	Is multi-factor authentication enabled for remote access to all company email accounts?
Yes	No	Do you undertake offline backups which are fully disconnected and inaccessible from the live environment, or are cloud backups are secured with multi-factor authentication?
Yes	No	Are critical patches and updates implemented within 1 month of release?
Yes	No	Do you utilize an Endpoint Protection and Response (EDR) product on all endpoints in your network?
Yes	No	Do you provide phishing training to all employees at least annually?
Yes	No	Do you use an email filtering software to scan all inbound and outbound email messages in order to filter out spam and malicious content?
Yes	No	Do you undertake a call back to a pre-verified number to confirm the request when any change is made to a third party's account details, and before any funds are transferred to an account that you haven't paid into before?

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application or any renewal or change in coverage, for the purposes of offering and providing products and services to meet the insured organization's needs, assessing and underwriting risks on a prudent basis, determining insurance product prices, investigating and settling claims, detecting and preventing fraud or other illegal activities, analyzing business results and compiling statistics, reporting to regulatory or industry entities, and acting as required or authorized by law.

Completed and duly signed and dated

Signature

Print Name:

Title:

Date Signed: