



pennsylvania
DEPARTMENT OF ENVIRONMENTAL
PROTECTION

STATEMENT OF INSURANCE MAINTAINED BY OPERATOR

WRITE IN NAME OF COMPANY

WRITE IN NAME OF MINE OPERATION

This Statement of Insurance Maintained by Operator covers the above-named company and operation.

This Statement is submitted by the mine operator pursuant to Section V, “Effect Upon Status Employee” of the mine rescue agreement entered into with the Commonwealth of Pennsylvania year January 1, 20__, to December 31, 20__.

*** INSTRUCTIONS ***

This Statement contains six (6) Paragraphs, each describing a type of insurance that your company may carry to cover its employees.

Paragraphs 1 and 2 pertain to Workmen’s Compensation Insurance. Paragraphs 3, 4 and 5 pertain to Occupational Disease Insurance. Paragraph 6 pertains to additional insurances carried by your company not covered in Paragraphs 1 through 5.

Your company representative must choose which paragraphs describe the types of insurance carried by your company and SIGN IN INK those paragraphs that apply. The company representative must be authorized to bind the company by his or her signature on these pages.

If a paragraph specifies that an insurance certificate or endorsement be attached, your representative should see that it is attached. If a paragraph does not pertain to your situation, simply leave it blank.

1. On behalf of the Operator, _____ certifies that the Mine Operator has accepted the Workmen’s Compensation Act, of July 18, 1917, P.L. 1083, as amended, and that the Operator has insured its liability under that Act in accordance with the terms of the statute.

NOTE: PLEASE SIGN THIS PARAGRAPH IF YOUR COMPANY HAS ACCEPTED THE ACT AND IS INSURED. YOU MUST THEN ATTACH AN INSURANCE ENDORSEMENT OR CERTIFICATE.

2. On behalf of the Operator, _____ certifies that the Mine Operator holds a current and valid certificate of exemption from insurance from the Bureau of Workmen’s Compensation of the Pennsylvania Department of Labor and Industry.

NOTE: PLEASE SIGN THIS PARAGRAPH IF YOUR COMPANY IS EXCEMPT FROM THE ACT AND IS SELF-INSURED. YOU MUST THEN ATTACH A CERTIFICATE OF EXEMPTION FROM THE BUREAU OF WORKMEN’S COMPENSATION.

3. On behalf of the Operator, _____ certifies that the Mine Operator has accepted “The Pennsylvania Occupational Disease Act,” of June 21, 1939, P.L. 566, as amended.

NOTE: PLEASE SIGN THIS PARAGRAPH IF YOUR COMPANY HAS ACCEPTED THE OCCUPATIONAL DISEASE ACT.

4. On behalf of the Operator, _____ certifies that the Mine Operator has elected to insure itself for liability for occupational disease by entering into an agreement with one of the following: 1) the State Workmen’s Insurance Fund, b) Insurance Company, c) Mutual Association or Company; known as:

Name of Fund, Company or Association

Policy No.

Address

NOTE: PLEASE SIGN THIS PARAGRAPH IF YOU ARE INSURED FOR OCCUPATIONAL DISEASE. ALSO, INDICATE THE FUND, COMPANY OR ASSOCIATION WITH WHICH YOU CARRY THIS INSURANCE. THEN YOU MUST ATTACH AN INSURANCE ENDORSEMENT OR CERTIFICATE.

5. On behalf of the Operator, _____ certifies that the Mine Operator possesses a current and valid permit from the Pennsylvania Department of Labor and Industry, exempting the Operator from the responsibility of maintaining insurance for death or disability arising from occupational disease.

NOTE: PLEASE SIGN THIS PARAGRAPH IF YOUR COMPANY IS EXEMPT FROM OCCUPATIONAL DISEASE INSURANCE. YOU THEN MUST ATTACH A CERTIFICATE OF EXEMPTION.

6. On behalf of the Operator, _____ certifies that the Mine Operator maintains the following insurance policies for claims of property damage, bodily injury, disability, or death of persons engaged in activities at the mine operation:

Name of Company Policy No.

Address

Name of Company Policy No.

Address

NOTE: PLEASE SIGN THIS PARAGRAPH IF YOUR COMPANY CARRIES INSURANCES OTHER THAN THOSE (OR ADDITIONAL TO THOSE) DESCRIBED IN PARAGRAPHS 1 THROUGH 5. THEN YOU MUST ATTACH PERTINENT INSURANCE ENDORSEMENTS OR CERTIFICATES.

The Mine Operator has read and authorized this statement consisting of three (3) pages. In recognition, thereof, the operator or a corporate officer signs below.

Operator or Corporate Officer
(Please indicate title of person signing this form.)