

MINING PROPOSAL FORM



INTERNATIONAL COMMERCIAL AND ENGINEERING
ICE SEGUROS S.A.

COMPLETION INSTRUCTIONS

- Complete all fields in BLOCK LETTERS (using blue or black ink).
- In case of omissions or doubts when completing this proposal, please contact the Insurer for clarifications.

Notwithstanding the approval of the proposal, in terms of the law, risks will be covered only and exclusively after payment of the first premium or applicable part thereof.

IMPORTANT NOTE

The client remains liable for all omissions, errors or false details pertaining to obligatory or optional information required. In respect of these and other details in General, Special or Particular Conditions as well as details required by the insurance legislation in effect, the policy shall be deemed totally or partially null and void, depending on the section affected by such omissions, errors or false details.



DECLARATION OF PERSONAL DETAILS

1. (hereinafter referred to as the "Policy Holder") authorizes that its details be made available, under absolute confidentiality, to International Commercial and Engineering ICE, Seguros SA and its affiliates (hereinafter referred to as "ICE Seguros") provided that such information is only used in accordance with the contractual relationship.
2. The Policy Holder authorizes ICE Seguros to obtain any supplementary personal details from public entities, credit bureau and other financial institutions for purposes of confirming or supplementing the details obtained and required for managing the contractual relationship.
3. The Policy Holder authorizes ICE Seguros to record all telephone calls, emails, messages made and received by any of its employees, agents, directors and the like acting on behalf of the Policy Holder within the scope of the contractual obligation hereby established and to use such recorded information for all legal purposes, namely, for the execution of contracted services, for improving and monitoring such services and as evidence. The details obtained shall be processed and stored and will be used for purposes of the contractual relation with ICE Seguros and its subcontractors.

The Policy Holder acknowledges and consents to third parties having access to information concerning them that may be contained in the Policy Holder's information and further that they may request that it be corrected, changed or removed by contacting directly, or in writing, ICE Seguros.

The Policy Holder hereby declares that all details provided are true, accurate, and correct and supplied in good faith and the Policy Holder assumes full responsibility for said details. The Policy Holder further undertakes to immediately inform ICE Seguros of any material changes arising after these particulars were supplied under penalty of being personally liable for losses and damages. The Policy Holder acknowledges and agrees that it is liable for all omissions, errors or false details pertaining to obligatory or optional information required and hereby indemnify ICE Seguros from any costs, claims, damages (including consequential damages), legal proceedings or expenses that may arise from any omission, misrepresentation or false information provided by it or its failure to update any of its information.

In the event that the Policy Holder has omitted any information or provided any false, misleading or incorrect information to ICE Seguros, any policy / policies of which it is a policy holder shall be deemed totally or partially null and void, depending on the section affected by such omissions, errors or false details.

The Policy Holder warrants to ICE Seguros that it has the power, authority and legal right to approve, complete, sign and where necessary perform this proposal form in terms of the Policy and that the aforementioned has been duly authorised by all necessary actions of its directors, members or board of trustees, as the case may be, and constitutes valid and binding obligations on it in accordance with the terms of the Policy and this proposal form.

The Policy Holder declares that it is aware of and agrees to be bound by all the terms and conditions contained in the policy / policies that may be issued by ICE Seguros as requested by it. The Policy Holder further acknowledges that this proposal form and such policy / policies form the basis of the contract between ICE Seguros and it.

In this respect, the Policy Holder hereby agrees to be bound by this proposal form and any policy / policies, and all the terms and conditions contained therein, issued by ICE Seguros as requested by it and further undertake to comply timeously with all its obligations to ICE Seguros including but not limited to payment of premiums.

Date:/...../.....

Place of signing:

Policy holder signature:

Duly Authorised

PROPOSING COMPANIES DETAILS

Company Name:

.....

Headquarters:

.....

Company Activities:

.....

Insured's Address:

.....

.....

Postal Address:

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Risk Manager / Insurance Manager:

Name:

Job title:

Email:

Telephone:

Agent / Broker:

Contact Name:

Position / Job Title:

Telephone:

E-mail:

Mobile:

Company website:

Note: When filling out this document either Mozambican Meticaís or United States Dollars can be used to indicate a value.



Instructions for Using Editable Applications and Important Legal Information:

I. APPLICANT INFORMATION

1. Save the document to your local computer.
2. If there is not enough space for any particular question, please include the full response in an additional attachment to your application, as you would if you were completing a paper-based application.
3. When you have completed the application, please verify the application for accuracy and completeness before signing the application and forwarding the application.

If you experience technical difficulties utilizing the document, please contact our office on +258 21 486 612 or through our website, www.iceafrica.com.

* ICE Seguros does not warrant that the document will be free from viruses. You assume the entire cost of any necessary service, repair or correction.

* The privacy of communication over the Internet cannot be guaranteed, because the Internet is not a secure medium. ICE Seguros does not assume any responsibility for any harm, loss, or damage you may experience or incur by the sending of personal or confidential information over the Internet.

* ICE Seguros is not responsible for any versions of the document that has been manipulated, altered or revised from the version of the document that was produced by the Company.

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II. MINE INFORMATION

A. Mine and Quarry Specifics

1. Location: Please indicate exact location or give directions for each separate mine or quarry (Include Latitude/Longitude coordinates if available);

- a.
- b.
- c.

2. Please answer the following for locations listed above:

	MINE 1	MINE 2	MINE 3
a. Indicate all minerals mined
Annual volume
b. Indicate all minerals quarried
Annual volume
c. Was this location previously mined	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of former entity operating mine			
d. What is the total acreage			
Owned by you?
Leased by you?
Operated by you?
Operated by others?
e. List joint owners (per site)

	MINE 1	MINE 2	MINE 3
1. Indicate the operation applicable to each mine or quarry:			
Surface
Underground
Both
a. If surface
Open pit
Mountain Top Removal
Contour
Other
b. If underground
(1) Number of Entries
(2) Type
Sublevel stoping
Blasthole stoping
Room and pillar
Cut & fill stoping
Block caving
Sublevel caving
Insitu
Other
(3) Is the mine gaseous <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
(4) Are there any shafts or tunnels extending under public roads or highways, private homes, housing sites or commercial buildings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, number of shafts or tunnels:		

2. Raw tonnage mined annually by you

Surface

Underground

3. Do you use subcontractors
For mining operations?

Yes No

Yes No

Yes No

C. Processing Plants

If you operate a Processing Plant, please complete this section.

1. Raw tonnage processed annually:

From mines operated by you

From mines subcontracted by you

From outside sources under contract

Check applicable mineral processing techniques:

Comminution

Gravity concentration

Flotation

Electrostatic or magnetic separation

Agglomeration

Smelting

Heap leaching

Percolating leaching

Agitation leaching

Other:

3. If processing is by heap leach:

a. Number and Size of pads:

b. Type of lining (check all that apply):

Single

Double

Triple

Geomembrane

Clay

Concrete

Asphalt

Other:

c. Heap building technique:

Run-of-mine dumping and dozing

Plug dumping/Plug dumping with dozer levelling

Conveyor stacking

Other:

Application of solution

Flooding or Ponding

Wobblers

Wigglers

Sprinkler system

Drip irrigation system/Pressure emitters

Other:

4. Tailings disposal:

a. Is there a tailing dam?

Yes No

b. Are there any treatment or tail ponds?

Yes No

c. Are there any ore dumps or tailing piles?

Yes No

5. Do you ship by?

Truck

Rail

Barge

III. GENERAL LIABILITY COVERAGE

If you are requesting General Liability Coverage, please complete this section:

A. General

1. Is there a mining engineer on the payroll or on retainer? Yes No

2. Do you do any blasting? Yes No

If yes, who performs preblast surveys?

3. Do you lease or loan equipment to others? Yes No

4. Do you own or operate a railroad sidetrack? Yes No

5. Do you have full-time site security? Yes No

6. Is the mining area fenced? Yes No

7. Estimated annual payroll for employees

Mining: Processing: Other:

8. Has this mine ever been ordered closed by any regulatory body? Yes No

9. Is the mine located within 1/4 mile of any river, lake or stream? Yes No

10. Do you control an abandoned or closed mine? Yes No

11. Do you own land not being mined? Yes No

12. What is the annual expenditure on exploration?

B. Subcontracted Operations

1. Check all that apply

	Subcontracted <u>Operations?</u>	Contracts <u>Required?</u>	Hold Harmless <u>Agreement Provided?</u>
Engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mining	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hauling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reclamation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 2. Do you maintain certificates of insurance from subcontractors? Yes No
- 3. Are you named as an Additional Insured on subcontractors policies? Yes No
- 4. Do you require minimum limits of liability equal to your own? Yes No
- 5. Do subcontractors have coverage for explosion/blasting Yes No
- 6. Do subcontractors have coverage for subsidence Yes No

C. Employee Services

- 1. Are any dwellings or houses, owned or controlled by you, occupied by miners or others? Yes No
- 2. Are any stores owned or controlled by you? Yes No
- 3. Are any recreational facilities owned or controlled by you? Yes No
- 4. Do you own or control an entire mining town? Yes No

5. If YES to any of the above, proximity to mine:

- 6. Do you operate an infirmary service? Yes No

If yes, where: At the mine site Off-site

7. Do you provide a bus service for:	Subcontracted <u>Operations?</u>	Contracts <u>Required?</u>	Hold Harmless <u>Agreement Provided?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. PROPERTY COVERAGE / MACHINERY BREAKDOWN

If you are requesting Property Coverage, please complete this section.

1. What key pieces of equipment will cause a bottle neck or complete shutdown in your process if equipment fails to operate?

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2. How is ore stored?

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3. How are property values determined?

- Replacement cost
 Actual Cash Value
 Market Value
 Other

4. Indicate physical fire protection (sprinklers, heat detection, fire suppression, other) for:

	MINE 1	MINE 2	MINE 3
a. Hoists
b. Head Frames
c. Building Mill
Dry
Office/Assay
Maintenance
Crushing
Hoist house
d. Crushers (surface and underground)
e. Conveyors
f. Transformers
5. Describe source of firefighting water:			
Water Tower
Lake/River
Other

	MINE 1	MINE 2	MINE 3
6. Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire resistive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masonry non-combustible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal clad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joisted masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Year built:
8. Protection Class:
9. Is this facility located within an officially designed flood zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does this facility have a history of flooding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the maintenance program written or computerized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Value of spare parts inventory			
13. Is there written and tested contingency plan in place in the event of a catastrophic loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Any agreements with affiliated or other mines to share equipment or facilities in the event of a loss? If so, please explain			<input type="checkbox"/> Yes <input type="checkbox"/> No
		
		
		
		
		
		

V. MOBILE EQUIPMENT COVERAGE

If you are requesting Mobile Equipment coverage, please complete this section.

(Submit an itemized schedule of equipment including description, valuation {replacement cost / ACV}, and amount of insurance requested for each item).

- | | |
|---|--|
| 1. If you operate an underground mine, are there any mines adjacent to, above or below, active or inactive mines? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. IS any equipment lease, loaned or rented to companies other than those owned or controlled by you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If YES, is equipment insured by lessee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If YES, which item(s)?

.....

.....

.....

- | | | | |
|--------------------------------|--|--|--|
| 4. Does mobile equipment have: | Automatic Fire Suppression | Manual Fire Suppression | No Fire Suppression |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If YES, which item(s)?

.....

.....

.....

5. If you operate an underground mine, describe the natural water issues including pumping equipment and backup generators:

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VI. ACCOUNT HISTORY - Please Complete For the Coverage Requested

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

Coverage	Date	Amount	Description
.....
.....
.....
.....
.....
.....
.....
.....

Has any insurer in respect of the risk to which this proposal relates ever:

- a. Declined a proposal, refused renewal or cancelled any of the proposer’s previous insurance policies?
 Yes [] No []
- b. Has any previous insurer required an increased premium and / or imposed special conditions?
 Yes [] No []
- c. Have you, or any member of your firm, ever made a compromise with creditors or been declared insolvent?
 Yes [] No []
- d. Do you keep a complete set of books showing a true and accurate record of business transacted?
 Yes [] No []
- e. Has the proposing insured ever been required to carry the first amount of any loss?
 Yes [] No []

If yes to any of these please give details.....

2. Complete the following information for the past 3 policy periods:

	Policy Period	Policy Period	Policy Period

General Liability			
Insurer
LIMITS			
General Aggregate
Products Aggregate
Occurrence
Total Premium
Aggregate Losses
Property			
Insurer
Limit
Total Premium
Aggregate Losses
Machinery Breakdown			
Insurer
Limit
Total Premium
Aggregate Losses
Mobile Equipment			
Insurer
Limit
Total Premium
Aggregate Losses

Automobile

Insurer
 CSL
 Total Premium
 Aggregate Losses

Automobile

Insurer
 Limit
 Total Premium
 Aggregate Losses

Other:

Insurer
 Limit
 Total Premium
 Aggregate Losses

VII. COVERAGE REQUESTED

Policy: New Renewal

A. General Liability

1. Limits requested:

General Aggregate Limit (other than Products-Completed Operations)

Products-Completed Operations Aggregate Limit

Personal and Advertising Injury Limit

Each Occurrence Limit

Fire Damage Limit

Medical Expense Limit

Deductible:

2. Employee Benefits:

Limits requested: Retroactive Date:

3. Non-Owned and Hired Auto:

Limits requested:

B. Excess / Umbrella Liability

Effective Date of Coverage:

Limits requested:

Pollution liability:

Limits requested:

C. Property

Effective Date of Coverage:

Perils: All risks Excluding Machinery Breakdown

Including Machinery Breakdown

Specified (Named)

Mine 1

Address:

Description:

FURTHER INFORMATION (FOR CLIENT USE ONLY)

FURTHER INFORMATION (FOR OFFICE USE ONLY)