

COMMONWEALTH OF KENTUCKY  
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR SURFACE MINING RECLAMATION AND ENFORCEMENT  
FRANKFORT, KENTUCKY 40601

# SUPPLEMENTAL ASSURANCE

PERMIT/APPLICATION NUMBER \_\_\_\_\_  
INCREMENT NUMBER (IF ANY) \_\_\_\_\_

- 1. CASH \_\_\_\_\_
- 2. SURETY BOND NUMBER \_\_\_\_\_
- 3. CERTIFICATE OF DEPOSIT NUMBER \_\_\_\_\_
- 4. LETTER OF CREDIT NUMBER \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS, That the undersigned \_\_\_\_\_  
\_\_\_\_\_ as Principal and \_\_\_\_\_ as Surety is/are held and  
firmly bound unto the Natural Resources and Environmental Protection Cabinet in  
the penal sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

- 1. which sum is herewith deposited with the Cabinet's Department for  
Surface Mining Reclamation and Enforcement
- 2. for the payment of which sum is to be well and truly made
- 3. which sum is herewith deposited with the Cabinet's Department for  
Surface Mining Reclamation and Enforcement, by and through its  
Escrow Agent \_\_\_\_\_
- 4. which sum is available by virtue of an irrevocable letter of credit in  
favor of the Cabinet's Department for Surface Mining Reclamation  
and Enforcement

as a guarantee that the provisions of the permit issued pursuant to Application  
Number \_\_\_\_\_, all applicable laws, regulations, and the terms of this  
supplemental assurance will be observed and hereby bind ourselves, our heirs,  
executors, administrators, successors and assigns, jointly and severally, firmly by  
these presents. This supplemental assurance is effective upon receipt by the  
Department for Surface Mining Reclamation and Enforcement and cannot be  
cancelled except as provided under KRS 350.068, 405 KAR 10:030 and 405 KAR 10:035.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas the above bound  
Principal, pursuant to the provisions KRS Chapter 350 did file with the Department  
for Surface Mining Reclamation and Enforcement an application for a permit to  
engage in surface coal mining and reclamation operations in the Commonwealth of  
Kentucky; that in said application the Principal estimates that \_\_\_\_\_ acres of  
land situated in \_\_\_\_\_ county at or near the Community of \_\_\_\_\_ will be  
affected by surface coal mining and reclamation operations authorized by the permit  
issued pursuant to the aforesaid application requiring this supplemental assurance.

Now if the said \_\_\_\_\_, as Principal, shall faithfully perform all the requirements of the above designated application, the permit issued pursuant thereto, and the applicable laws, regulations, and the terms of this supplemental assurance then this obligation shall be released; otherwise, it is agreed that said penal sum shall be paid to the Commonwealth of Kentucky Natural Resources and Environmental Protection Cabinet, upon receipt of an Order of the Cabinet. In the event of forfeiture of supplement assurance pursuant 405 KAR 16:020 and 405 KAR 10:050 the cabinet shall forfeit the entire amount of supplemental assurance for the permit or increment(s) to which the supplemental assurance applies, regardless of the acreage disturbed or reclaimed.

In the event that the insurer or surety becomes incapacitated by reason of bankruptcy insolvency or suspension or revocation of it's charter, license or certificate of authority, the provisions of 405 KAR 10:030, Section 2 shall apply.

PRINCIPAL: \_\_\_\_\_ BY: \_\_\_\_\_  
(Permittee)

DATE: \_\_\_\_\_ OFFICIAL POSITION \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Subscribed and sworn before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**COMPLETE FOR SUPPLEMENTAL ASSURANCE**

SURETY: \_\_\_\_\_

Address: \_\_\_\_\_

LOCAL AGENCY ISSUING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BY: \_\_\_\_\_ OFFICIAL POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: The person who signs for a surety company must file with the supplemental assurance a copy of the Power of Attorney showing authority to sign. All supplemental assurance executed by an out-of-state agency shall be countersigned by a resident Kentucky agent.

COUNTERSIGNED BY: \_\_\_\_\_ AGENT FOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_