



COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF MINES, MINERALS AND ENERGY  
 DIVISION OF MINED LAND RECLAMATION  
 P. O. DRAWER 900; BIG STONE GAP, VA 24219  
 TELEPHONE: (276) 523-8100

<b>Permit Number:</b>	
<b>Application Number:</b>	
<b>Bond To Be Applied To (e.g. Increment #):</b>	
<b>Bond Number: (DMLR use only)</b>	

**INDEMNITY AGREEMENT—SELF BOND**  
*(for a coal surface mine and/or associated facility)*

**KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED**

\_\_\_\_\_  
 (hereafter **INDEMNITOR**),

whose INDEMNITOR place of  
 business is

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

and who does business in the Commonwealth of Virginia as a [CHECK ONE ONLY]:

- Corporation<sup>1</sup>       Limited Partnership<sup>2</sup> (LP);       Limited Liability Company (LLC);  
 Partnership; or       Sole Proprietorship<sup>3</sup>,      is acting herein as **INDEMNITOR**.

This Indemnity Agreement is made this day between the above listed **INDEMNITOR** and the Department of Mines, Minerals and Energy, Division of Mined Land Reclamation (DMLR) as **INDEMNITEE**.

The **INDEMNITOR** whose authorized representatives have signed their names to this instrument, hereby agree that in the event of a bond forfeiture of Permit Number \_\_\_\_\_ it will immediately pay to the “Treasurer of Virginia” a sum certain of money, in the amount of \$ \_\_\_\_\_ (**USD**).

**This indemnity agreement shall be a binding obligation, jointly and severally, on all who execute it.**

<sup>1</sup> If a corporation or limited liability company, at least two company officers are required to sign this Agreement. Such individual’s authority to sign the Indemnity Agreement shall be documented by resolution of the Board of Directors and attached herewith.

<sup>2</sup> If the company/principal is a partnership, all of its general partners and its parent organization or principal investors have signed the document. Principal investor or parent organization means anyone with a 10% or more beneficial ownership interest, directly or indirectly, in the business entity (see 4 VAC 25-130-801.13(b)(4)(ix) of the Virginia Coal Surface Mining Reclamation Regulations (VCSMRR)

<sup>3</sup> The signature of the Applicant’s spouse [if married] is required if the company is a Sole Proprietorship.

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**THE CONDITION OF THE ABOVE OBLIGATION is such that:**

**WHEREAS**, the **INDEMNITOR** proposes to commence coal surface mining operations to be known as \_\_\_\_\_ in \_\_\_\_\_ County(ies) of Virginia; and,

**WHEREAS**, the above-named **INDEMNITOR** has submitted [CHECK ONE ONLY]:

Permit Application Number or  Permit Number \_\_\_\_\_, including a mining and reclamation plan, to conduct and reclaim a coal surface mining operation, as defined pursuant to the **VIRGINIA COAL SURFACE MINING CONTROL AND RECLAMATION ACT** (hereafter **ACT**), as amended, with its attendant regulations; and,

**WHEREAS**, the **INDEMNITOR** has chosen to file this performance bond as a guarantee that the reclamation of the land disturbed during this coal surface mining operation will be completed as required by the **ACT**, its attendant regulations, and as specified in the permit as issued; and,

**WHEREAS**, the **INDEMNITOR**, and their successors and assigns agree to guarantee the obligation and to indemnify, defend, and hold harmless **INDEMNITEE** from any and all losses and expenses which **INDEMNITEE** may sustain as a result of the **INDEMNITOR'S** failure to comply with the condition of the obligation; and

**WHEREAS**, obligations guaranteed by this performance bond shall be in effect for the following described lands approved as the permit area or increment upon which initial or succeeding operations will be conducted:

\_\_\_\_\_  
\_\_\_\_\_

**NOW**, if the **INDEMNITOR** faithfully completes all reclamation and abatement requirements set forth in the **ACT** and its Permit issued in reliance on this Self Bond, including the mining and reclamation plan, then this obligation shall be void; otherwise, it shall remain in full force and effect beginning on the date of the approval and issuance of [CHECK ONE ONLY]:

Permit Application Number or  Permit Number \_\_\_\_\_ pursuant to the **ACT** and continue until -

- (a) the permit has been completed to the satisfaction of the **INDEMNITEE**, or
- (b) the bond is released pursuant to the **ACT**, or
- (c) in the event neither (a) or (b) above applies, for a minimum period of five (5) years for a general permit. This shall be the minimum period of extended responsibility unless the bond is replaced in accordance with the **ACT**, or unless the permit has been sold, reassigned, or otherwise transferred in accordance with the **ACT**. It shall be further understood that if the **INDEMNITOR** performs any augmented seeding, fertilization, or other supplemental reclamation work on the site prior to bond release, the period of liability under this bond shall begin again subject to the exception found in the **ACT**

The failure of the **INDEMNITOR** to fulfill the obligations specified by the **ACT** and its permit shall result in a forfeiture of this performance bond according to the procedures described in the **ACT** and its attendant regulations.

The **INDEMNITOR** shall not cancel this bond at any time for any reason, including bankruptcy of the **INDEMNITOR** during the period of liability. The amount of the **INDEMNITOR'S** liability may be adjusted by the **INDEMNITEE** pursuant to the **ACT** and its attendant regulations for lands covered by this bond.

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The **INDEMNITOR** shall give prompt notice to the **INDEMNITEE** of any notice received or action filed alleging the insolvency or bankruptcy of the **INDEMNITOR**, or alleging any violations or regulatory requirements which could result in suspension or revocation of the **INDEMNITOR'S** license to do business.

In the event the **INDEMNITOR** becomes unable to fulfill its obligations under the bond for any reason, notice shall be given immediately to the **INDEMNITEE**. Any proceeding, legal or equitable, under this bond must be instituted in a Virginia court of competent jurisdiction and shall be governed by the laws of the Commonwealth of Virginia.

Upon the incapacity of the **INDEMNITOR** by reason of bankruptcy, insolvency, or suspension or revocation of its license, the **INDEMNITOR** shall be deemed to be without bond coverage in violation of the **ACT** and subject to enforcement actions described in the **ACT** and its attendant regulations.

**4VAC25-130-801.13(c)** VCSMRR - Whenever a participant in the Pool Bond Fund applies for an additional permit or permits, the C.P.A. certification required by Paragraph (a)(2) or (b)(3) of this section shall be updated reflecting those prior reclamation obligations and self-bonding liabilities still in effect.

**4VAC25-130-801.13(d)** VCSMRR - If at any time the conditions upon which the self-bond was approved no longer prevail, the division shall require the posting of a surety or collateral bond before coal surface mining operations may continue. The permittee shall immediately notify the division of any change in his total liabilities or total assets, which would jeopardize the support of the self-bond. If the permittee fails to have sufficient resources to support the self-bond, he shall be deemed to be without bond coverage in violation of 4VAC25-130-800.11(b).

**For a Corporation, Limited Liability Company, or Sole Proprietorship complete Items I, IA, II, III, and IV.  
For Limited Partnerships or Partnerships complete Items II, III, IV, and VI.**

**I. BY COMPANY/INDEMNITOR** – For a corporation or LLC, attach a copy of the Board of Directors'/Officers resolution authorizing the signing individual(s)<sup>4</sup> to represent the corporation in executing the self-bond. The second signatures are to be affixed in Item IA.

<p>_____ (SEAL) By:</p> <p>Company/INDEMNITOR</p>	<p>_____</p> <p>Signature of Company/INDEMNITOR Official</p>
	<p>_____</p> <p>Print Name of Company/Indemnitor Official</p>
<p>_____</p> <p>Title</p>	<p>_____</p> <p>Date</p>
<p>Subscribed and sworn/affirmed to before me by _____</p>	
<p>this _____ day of _____ 20 _____, in the State of _____</p>	
<p>in the City/County of _____</p>	
<p>_____</p> <p>Notary Public Name (printed or typed)</p>	<p>_____ (Seal)</p> <p>Notary Public Signature<sup>5</sup></p>
<p>My Commission expires _____</p>	<p>Registration No. _____</p>

<sup>4</sup> Two signatures required if a corporation or LLC. For a Sole Proprietorship, the signature of the Indemnitor's spouse [if married] is required to be affixed in Item IA.

<sup>5</sup> Pursuant to §47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized.

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**IA. BY COMPANY/INDEMNITOR/SPOUSE**

\_\_\_\_\_  
 Company /INDEMNITOR (SEAL) By: \_\_\_\_\_  
 Signature of Company/INDEMNITOR Official

\_\_\_\_\_  
 Company/Indemnitor Official (printed)

\_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn/affirmed to before me by \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, in the State of \_\_\_\_\_  
 in the City/County of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public Name (printed or typed) \_\_\_\_\_ Notary Public Signature \_\_\_\_\_ (Seal)

My Commission expires \_\_\_\_\_ Registration No. \_\_\_\_\_

**II. Name of Suitable Agent to Receive Service of Process in the Commonwealth of Virginia:**

Agent's name: \_\_\_\_\_  
 Agent's address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

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**III. Certified Public Accountant:** I, the undersigned Certified Public Accountant, do hereby certify, in an unqualified opinion, that the Company/Individual has a net worth of at least *One Million Dollars* after total liabilities are subtracted from total assets, including prior obligations. **ATTACH THE FINANCIAL STATEMENT VERIFYING THE NET WORTH OF THE COMPANY/INDIVIDUAL.**

\_\_\_\_\_ (SEAL) By: \_\_\_\_\_  
 Certified Public Accountant (print) Certified Public Accountant (signature)  
 \_\_\_\_\_  
 Title Date

Subscribed and sworn/affirmed to before me by \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the State of \_\_\_\_\_  
 in the City/County of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public Name (printed or typed) Notary Public Signature (Seal)

My Commission expires \_\_\_\_\_ Registration No. \_\_\_\_\_

**IV. Name and Address of the Certified Public Accountant Preparing the Statement Listed:**

Accounting Firm's name: \_\_\_\_\_  
 Accounting Firm's address: \_\_\_\_\_  
 Certified Public Accountant's address: \_\_\_\_\_  
 (if different than Accounting Firm's address) \_\_\_\_\_  
 Certified Public Accountant number: \_\_\_\_\_  
 Accounting Firm's Identification number: \_\_\_\_\_  
 Office telephone number: \_\_\_\_\_

**If the company/principal is not a Limited Partnership or Partnership, Item V (next page) is not required.**

**V. DIVISION APPROVAL (INDEMNITEE):**

**ACCEPTED:** \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 DMLR Representative's Name (printed or typed)  
 \_\_\_\_\_  
 DMLR Representative's Signature

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**VI. PARTNERSHIP:** If the company/principal is a partnership or limited partnership, all of its general partners and their parent organization or principal investors have signed the document. *Principal investor or parent organization means anyone with a 10% or more beneficial ownership interest, directly or indirectly, in the Applicant (4 VAC 25-130-801.13(b)(4)(ix) VACSMRR)*

\_\_\_\_\_ (SEAL) By: \_\_\_\_\_  
 Company /INDEMNITOR Signature of Company/INDEMNITOR Official

\_\_\_\_\_ Title \_\_\_\_\_ Date

Subscribed and sworn/affirmed to before me by \_\_\_\_\_ (print)  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, in the State of \_\_\_\_\_  
 in the City/County of \_\_\_\_\_

\_\_\_\_\_ (Seal)  
 Notary Public Name (printed or typed) Notary Public Signature

My Commission expires \_\_\_\_\_ Registration No. \_\_\_\_\_

**VI. A –PARTNERSHIP - Additional signatures -** Copy and complete this part for each applicable partner or limited partnership general partner.

\_\_\_\_\_ (SEAL) By: \_\_\_\_\_  
 Company /INDEMNITOR Signature of Company/INDEMNITOR Official

\_\_\_\_\_ Title \_\_\_\_\_ Date

Subscribed and sworn/affirmed to before me by \_\_\_\_\_ (print)  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, in the State of \_\_\_\_\_  
 in the City/County of \_\_\_\_\_

\_\_\_\_\_ (Seal)  
 Notary Public Name (printed or typed) Notary Public Signature

My Commission expires \_\_\_\_\_ Registration No. \_\_\_\_\_