**BLASTING CONTRACTORS SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

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| Applicant’s Name:             Location Address:              | Agency Name:       Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**       **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**POLICY/EXPOSURES**

1. Does insured have a **written policy** regarding use of explosives? [ ]  Yes [ ]  No

If yes, provide a copy.

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| 2. Describe any **blasting projects** conducted on property other than rural quarry sites or undeveloped areas:       |

**SITE PREPARATION**

3. Is a **pre-blast survey** conducted at the job site and any areas surrounding the site to ascertain prox-imity of any structures, including identification of existing utility pipes and lines, which could be
damaged? [ ]  Yes [ ]  No

4. Does the **pre-blast survey** include **pictures** of pre-existing property damage to surrounding
structures? [ ]  Yes [ ]  No

5. Are **stabilization devices** used, such as support braces or retaining walls, to protect structures whose integrity might be compromised by blast impact? [ ]  Yes [ ]  No

6. Does insured have **sufficient barricades,** fences, flags or signs such as “Caution-Blasting in Prog-
ress” or “Blasting Zone—1,000 feet” to keep non-employees at a safe distance from job sites and equipment? [ ]  Yes [ ]  No

7. Does insured protect **third parties** in area(s) where explosives will be detonated, using protective materials such as thick, finely woven steel wire mats? [ ]  Yes [ ]  No

If no, describe what is used:

**OPERATION**

8. a. Are electric-blasting circuits of sufficient current-carrying capacity and not grounded? [ ]  Yes [ ]  No

b. Are **connecting wires** insulated and of single-wire type? [ ]  Yes [ ]  No

9. If **electric detonation devices** are used, are extraneous power sources which may cross the wire’s path or interfere with electric-blasting circuits shut off or disconnected? [ ]  Yes [ ]  No

10. If blasting is done by using a **fuse,** is sufficient time allowed for the blaster to reach a point of safety well in advance of anticipated detonation time? [ ]  Yes [ ]  No

11. If **mobile radio transmitters** are used to detonate charges, are warnings such as “Turn Off 2-Way Ra-dios” posted around a 1,000 foot perimeter of the blasting site? [ ]  Yes [ ]  No

**TRANSPORTATION/STORAGE**

12. Are only **authorized and experienced** personnel permitted to handle explosives? [ ]  Yes [ ]  No

13. Are explosives **transported** to the site as close to blasting date as possible? [ ]  Yes [ ]  No

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| If no, how is exposure to possible above ground detonation limited?       |

14. Are explosives **secured** in a fire-resistant magazine when not in use? [ ]  Yes [ ]  No

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| If no, explain other type of containers used:       |

15. Are **ignition sources,** such as smoking and open flames, prohibited within fifty (50) feet of explosives storage or use? [ ]  Yes [ ]  No

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| If no, explain:       |

**INDUSTRY REQUIREMENTS**

16. Does insured comply with **OSHA blasting standards** and **general provisions** for use of
explosives? [ ]  Yes [ ]  No

17. Are records maintained on unused explosives for return to appropriate suppliers pursuant to OSHA standards for **storage of explosives and blasting agents?** [ ]  Yes [ ]  No

**SUBCONTRACTORS**

18. Does insured **subcontract** blasting? [ ]  Yes [ ]  No

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| If yes, describe specific type of work:       |

19. Are **certificates of insurance** obtained from subcontractors confirming blasting/explosion/explosive coverage? [ ]  Yes [ ]  No

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| If yes, limits of liability required on certificates:       |

**OTHER VENTURES**

20. Does insured have **operations other than blasting?** [ ]  Yes [ ]  No

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| If yes, explain:       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing state-ments are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |