



BLASTING CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

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

- Does insured have a **written policy** regarding use of explosives? Yes No
If yes, provide a copy.
- Describe any **blasting projects** conducted on property other than rural quarry sites or undeveloped areas: _____

SITE PREPARATION

- Is a **pre-blast survey** conducted at the job site and any areas surrounding the site to ascertain proximity of any structures, including identification of existing utility pipes and lines, which could be damaged? Yes No
- Does the **pre-blast survey** include **pictures** of pre-existing property damage to surrounding structures?..... Yes No
- Are **stabilization devices** used, such as support braces or retaining walls, to protect structures whose integrity might be compromised by blast impact? Yes No
- Does insured have **sufficient barricades**, fences, flags or signs such as "Caution-Blasting in Progress" or "Blasting Zone—1,000 feet" to keep non-employees at a safe distance from job sites and equipment? Yes No
- 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

- 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
- 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 Radios" 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
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
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
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
If yes, describe specific type of work: _____
19. Are **certificates of insurance** obtained from subcontractors confirming blasting/explosion/explosive coverage?..... Yes No
If yes, limits of liability required on certificates: _____

OTHER VENTURES

20. Does insured have **operations other than blasting**?..... Yes No
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: _____

IMPORTANT NOTICE

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.