



INSURANCE AGENCY, INC.
PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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BLASTING QUESTIONNAIRE
 (complete in addition to Acord app)

1. APPLICANTS NAME _____

2. ADDRESS _____

3. LOCATION OF OTHER PREMISES _____

4. APPLICANT IS: ___ INDIVIDUAL ___ PARTNERSHIP ___ CORP. ___ OTHER: _____
 ___ OWNER ___ TENANT ___ LESSEE ___ OTHER: _____

5. YEARS IN BUSINESS _____

6. HAS APPLICANT PREVIOUSLY BEEN IN BUSINESS UNDER ANY OTHER NAME? YES _____ NO _____

7. GIVE COMPLETE DESCRIPTION OF APPLICANT'S OPERATIONS _____

8. USUAL LOCATION OF BLASTING (RURAL/URBAN, QUARRIES, SEWER LINES, ETC.) _____

9. WHAT PROTECTION IS AFFORDED THE GENERAL PUBLIC? _____

10. IS A PREBLAST & POSTBLAST SURVEY DONE WITH FINDINGS RECORDED? YES _____ NO _____

11. NAME OF ALL BLASTING PERSONNEL AND THEIR LICENSE NUMBER:

NAME	YRS. EXPERIENCE	LICENSE #
_____	_____	_____
_____	_____	_____

12. DO ONLY LICENSED PERSONNEL SET AND DETONATE ALL CHARGES? _____

13. TYPE OF CHARGES? _____

14. TYPE OF MATERIALS BEING BLASTED? _____

15. TIME INTERVALS OF DELAYS (LONG OR SHORT): _____

16. PROTECTION COVER (LOGS, STEEL MATS, ROPE MATS, OR OTHER MEANS): _____

17. ARE PROPER PROTECTIVE MEASURES TAKEN ON BLASTING SITE (SIGNS POSTED)? _____

18. DOES THE APPLICANT STORE ANY EXPLOSIVES ON OWNED OR LEASED PREMISES? YES ____ NO ____

19. STORAGE METHODS (EXPLOSIVES SEPARATED FROM CAPS) ? _____

20. AMOUNT OF EXPLOSIVES STORED? _____ WHERE? _____

21. HOW ARE EXPLOSIVES TRANSPORTED? _____ AMOUNT? _____

22. ARE VEHICLES CLEARLY MARKED? _____

23. AVERAGE LENGTH OF JOB _____

24. HOW MANY JOBS ARE SUBCONTRACTED & COST OF SUBS? _____

25. DOES THE APPLICANT OBTAIN CERTIFICATES OF INSURANCE FROM ALL SUBCONTRACTORS? Y ____ N ____

26. PLEASE PROVIDE A LIST OF JOBS COMPLETED IN THE PAST YEAR (DESCRIBE ON SEPARATE SHEET)

27. GROSS RECEIPTS \$ _____

28. PREVIOUS INSURER(S): INDICATE PREMIUM AND LOSSES LAST 3 YRS. DESCRIBE ANY LOSS OVER \$10,000 IN PAST 5 YRS.

YEAR	CARRIER	PREMIUM	# OF CLAIMS	AMOUNT PAID	AMOUNT RESERVED
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29. WAS PREVIOUS COVERAGE ON CLAIMS-MADE BASIS? YES ____ NO ____

30. HAS ANY COMPANY EVER CANCELLED OR REFUSED TO RENEW LIABILITY INSURANCE FOR THE APPLICANT? YES ____ NO ____

IF YES, GIVE DETAILS: _____

31. LIMIT OF LIABILITY DESIRED _____

32. DEDUCTIBLE DESIRED _____

33. PROPOSED EFFECTIVE DATE _____

WARRANTY: It is warranted that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to XS Brokers Insurance Agency, Inc, Broker for the Company.

Signature of Applicant* _____ Date: _____

Title: _____

*SIGNING THIS FORM DOES NOT BIND THE APPLICANT, THE COMPANY OR BROKER TO COMPLETE THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.