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BLASTING CONTRACTORS SUPPLEMENTAL APPLICATION (Complete in addition to ACORD General Liability Application)

Name of Agent: _____

Applicant Name: _____

Web Site Address: _____

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

- Are electric-blasting circuits of sufficient current-carrying capacity and not grounded? Yes No
 - 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
- 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 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: _____

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____