

BLASTING CONTRACTORS SUPPLEMENTAL APPLICATION

To be used with Commercial General Liability Application (Acord 125)

Applicant's Name: _____

Street Address: _____

Secondary Location: _____

1. Has applicant been in business under any other name? _____ Yes NO

If yes, list names: _____

2. Provide all personnel information requested below:

Name	Years Experience	License #
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Provide complete description of applicant's operations: _____

4. What protection is afforded to general public (barricades, posting, public warning, siren or other audible warning)? _____

5. Does the applicant have a permanent yard? Yes No

If yes, give details: _____

6. Does applicant perform blasting within 100 ft of any structure? Yes No

If yes, do they obtain a pre-blast survey? Yes No

If no, explain: _____

7. Who performs the survey?

8. Are all charges set and detonated by licensed personnel? _____ Yes No

If no, explain: _____

9. Does the applicant store any explosives? _____ Yes No

If yes, provide complete details: _____

10. Where is it Stored? _____

11. Maximum Quantity _____

12. Average length on premises? _____

13. Does applicant transport any explosives? _____ Yes No

If yes, provide details: _____

14. How are explosives transported? _____

15. Auto liability in force for this exposure? _____ Yes No

16. Routes specified and cleared with local authorities? _____

17. Does applicant sub-contract any work? _____ Yes No

If yes, please provide completed details: _____

18. Percentage of total work sub-contracted to others: _____%

19. Does the applicant obtain certificates of insurance from all sub-contractors? Yes No

20. Is there a Diary System in place to track expiration dates of certificates of insurance? Yes No

21. Is the applicant named as additional insured on all sub-contractors' policies? Yes No

22. Does the applicant require all sub-contractors to carry limits (including Excess limits) equal to or greater than their own? Yes No

23. Does the applicant use written sub-contractor agreements containing hold harmless/indemnity agreements in favor of the applicant? Yes No

24. Does the applicant verify that all sub-contractors follow all industry requirements and applicable state and local codes? Yes No

25. Indicate the types of sub-contractor agreements the applicant typically uses:

___ Standard (AGC, AIA contracts)

___ Custom

___ Other (explain) _____

26. Have agreements been reviewed by contract specialty attorney? Yes No
27. Estimated Gross Sales from Blasting Operations? _____
28. Estimated Payroll from Blasting Operations? _____
29. Estimated Jobs per year: _____
30. Estimated Cost of Sub-Contracted Work: _____

The information contained herein is true and correct, and that is shall be the basis of the policy of insurance for which application is being made. It shall be deemed as incorporated therein should the Company evidence its acceptance of this application by issuance of a policy of insurance. By signing this application it does not bind the Company nor the Underwriting Manager to any coverage or obligation to provide coverage requested herein.

Signature of Applicant: _____ Date: _____