

Stone/Aggregate Quarry Program Supplemental Application

Name of Insured:		Effective Date:
Address 1:		
City, State, Zip:		
Website Address:		
Agency:		Phone:
Agency Contact:		
Agency Address:		
Email Address:		

Active Quarry Locations

Address	Products
1.	
2.	
3.	
.....	

1. OPERATIONS

A. Enter the risks own payroll and receipts for the following operations:

Major Operations	Payroll	Receipts
Sand and Gravel	\$	\$
Crushed Stone	\$	\$
Dimension Stone (granite, marble, etc)	\$	\$
Specialty Use Sand	\$	\$
Trucking/Hauling	\$	\$

B. If the risk produces either dimension stone or specialty sand, please list the type(s) of stone or sand produced and what it is used for:

C. Does the risk perform any dredging operations from barges or vessels? YES ☐ NO ☐

If yes, please describe the operations performed and on what bodies of water

D. Does the risk lease/rent their equipment to others? If yes, see below. YES ☐ NO ☐

Type of Equipment Leased/Rented: _____

With Operator: ☐ Or Without Operator: ☐

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Annual Receipts from leasing/renting equipment to others \$ _____

- E. Does the risk lease/rent their equipment from others? If yes, see below. YES ☐ NO ☐

Type of Equipment Leased/Rented: _____

With Operator: ☐ Or Without Operator: ☐

Expected Annual Expenditures for leasing/renting equipment from others \$ _____

2. RISK CONTROL

A. EQUIPMENT

1. Does the Insured have a written and documented preventative maintenance plan? YES ☐ NO ☐

Who performs the maintenance work? Employee ☐ Outside Services ☐

2. What steps are taken to prevent theft of equipment?

Is equipment registered with the National Equipment Registry (NER) or other facility? YES ☐ NO ☐

Is the equipment outfitted with LoJack or other tracking devices? YES ☐ NO ☐

Is a Security Guard utilized during off work periods? YES ☐ NO ☐

Are ignition disabling devices used? YES ☐ NO ☐

Please describe any other theft prevention methods used: _____

B. BLASTING OPERATIONS (if applicable)

1. Does the risk perform their own blasting ☐ or subcontract out ☐

If you perform any blasting operations (either yourselves or subcontracted out), answer below.

a) Do you perform a pre-blast existing damage survey of the surrounding properties? YES ☐ NO ☐

b) Do you perform vibration monitoring of the blasts? YES ☐ NO ☐

c) Do you perform post-blast surveys? YES ☐ NO ☐

d) Do you maintain a blasting log? YES ☐ NO ☐

e) Are explosives stored on the premises? YES ☐ NO ☐

If yes, describe the storage enclosure and the protection _____

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2. Please Send a Copy of the Risk's Blasting Procedures Manual

C. AUTO/FLEET

1. Percentage of production delivered by the risk's own vehicles. _____ %
2. Percentage of production delivered by hired truckers or contract haulers. _____ %
3. Does the risk check MVR's on employees who use company vehicles? YES ☐ NO ☐
4. Does the risk conduct pre-employment driving tests? YES ☐ NO ☐
5. Does the risk have a written Vehicle Preventative Maintenance Plan? YES ☐ NO ☐
6. Does the risk allow employees to take company vehicles home? YES ☐ NO ☐
7. Does the risk have written guidelines on personal use of company vehicles? YES ☐ NO ☐
8. Are employee's families allowed to use company vehicles? YES ☐ NO ☐
9. If the risk uses hired or contract haulers, please send a copy of the contract they use, if any.

D. SITE CONTROLS

1. Is the site fenced or are there any other physical barriers preventing unauthorized access? YES ☐ NO ☐
If yes, please describe _____

2. Are any underground mining operations conducted at any of the sites? YES ☐ NO ☐
If yes, please describe _____

3. Does the risk have any inactive quarry locations? YES ☐ NO ☐
If yes, please submit a list of all inactive sites describing the current status, i.e., temporarily shut down, undergoing site reclamation, permanently shut down and abandoned, etc. Also, describe the site security at each location and any future plans.

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4. Describe the risk's 'High Wall Slope Control & Monitoring Program'

5. Describe the risk's site fire protection, i.e., Public Paid Fire Department, Public Volunteer Fire Department, Private Fire Brigade.

3. SAFETY AND TRAINING

- | | | |
|---|------------------------------|-----------------------------|
| A. Does the risk employ a full time Safety Manager/Director | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| B. Does the risk have a written safety manual? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C. Does the risk have a drug testing program? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| D. Does the risk have a written quality control program? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| E. Does the risk have a written return to work program? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| F. Does the risk perform on-going employee training? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If yes, please describe the training program

- | | | |
|--|------------------------------|-----------------------------|
| G. Has the risk been cited for any Mining Safety and Health Administration (MSHA) violations in the last three years? If yes, please describe. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

- | | | |
|--|------------------------------|-----------------------------|
| H. Does the risk belong to any industry specific trade associations? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

If yes, please list them

Submission Requirements:

- Completed and signed Acord applications for each coverage desired
- 5 Years currently valued (within 90 days of effective date) Company Loss Runs (minimum 3 yrs. on Property & IM)
- Detailed description of all losses \geq \$25,000
- Equipment Schedule of values showing Make, Model and Serial Number
- Copy of the Table of Contents (TOC) page of the following:

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- Safety Manual
- Preventative Maintenance Manual
- Employee Training Manual
- Copy of Blasting Procedures manual (if applicable)

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The undersigned declares that to the best of his or her knowledge and belief the statements and information in this application statement are true. The company is hereby authorized to make any investigation and inquiry in connection with the application statement that it deems necessary.

Signature for First Named Insured

Title

Date

(May not be signed by Producer)

Submitted by: _____
Producer