

Drilling & Blasting Program

It is essential that all questions be answered fully as indications cannot be given on incomplete applications. If the answer to any question is none, state "None" or "Nil". The application must be completed and signed by the applicant in ink. All incomplete applications will be returned for completion.



1. Full name of applicant (**include all subsidiaries whether active or dormant**):

A. Contact person: _____

B. Phone number: _____

Fax number: _____

C. Current expiration date(s): _____

2. Address of:

A. Home office location and mailing address:

B. Additional locations:

3. Number of years in business: _____

Have you ever operated under a name not noted above? YES/NO

If YES, on separate attachment please describe and include claims history.

4. Number of years engaged in blasting: _____

5. Estimated annual payroll:

DESCRIPTION OF OPERATION	NUMBER OF EMPLOYEES	TOTAL PAYROLL
Excavation		
Maintenance		
Supervisors		
Blasting & Drilling		
Clerical		
Drivers		
Other Operations (Specify)		
TOTAL		

6. Estimated annual receipts:

DESCRIPTION OF OPERATION	TOTAL RECEIPTS
Excavation	
Utility installation	
Full service explosive (including Drilling/Blasting and delivery of product)	
Drilling only (when no Blasting or delivery of product is to be included in job)	
Blasting only (when no Drilling or delivery of product is to be included in job)	
Seismograph services only	
Road construction	
Other Operations (Specify)	
TOTAL	

7. Operations, apportioned by percentage of total receipts:

	PERCENTAGE
Road construction	
Site preparation	
Quarry	
Coal	
Seismic	
Utility work	
Demolition *(if included describe below)	
Underground mines **(if included describe below)	
Other ***(if included describe below)	
* Describe type of demolition including number of stories for work anticipated:	
** Describe type of underground work anticipated:	
*** Describe other work anticipated:	

8. Use of explosives: YES / NO

Number of shots:

Performed during the past 12 months: _____

Estimated during the next 12 months: _____

9. Do you store any explosive product? YES / NO

A. If "YES", do you only store the product during the day and have any remaining product collected by the distributors? _____

B. Where is the product stored during the day?

C. If you store product overnight, where is it stored?

D. Do you maintain permanent magazines? YES / NO

If "YES", please give location(s) and typical product(s) stored.

E. Is any product stored in parked vehicles overnight? YES / NO

If "YES", give complete details of safety precautions used.

10. Automobiles, description of vehicles (specify truck, tractor, trailer, semi, etc.)

VEHICLE INFORMATION									
YEAR/NAME	BODY TYPE	COMPLETE VIN#	COST NEW	GVW GCW *****	VEHICLE USE *****	PRINCIPLE PLACE OF GARAGING CITY-COUNTY	RADIUS OF OPERATION ***	COLLISION DEDUCTIBLE *	OTHER THAN COLLISION S/P - DEDUCTIBLE **
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

* Collision Deductible: If collision is desired on vehicle, show deductible desired - \$250 / \$500 / \$1,000
 ** Other than collision: If coverage is desired on vehicle, show either S/P for Specified Perils or show comprehensive deductible desired - \$250 / \$500 / \$1,000
 *** Radius of operations: Indicate the normal radius traveled by each vehicle from place of garaging to furthest distance traveled: 1=Local (up to 50 miles); 2=Intermediate (51-200 miles); 3=Long distance (over 200 miles)
 **** Vehicle use: Indicate one of the following by each vehicle: T = Transporting of explosive material; C = Any other commercial use; P = Personal use / private passenger
 ***** GVW: The maximum loaded weight for which a single vehicle is designed as specified by the manufacturer.
 GCW: The maximum loaded weight for a combined tractor/trailer or trailer for which the tractor is designed as specified by the manufacturer.

VEHICLE INFORMATION

YEAR/NAME	BODY TYPE	COMPLETE VIN#	COST NEW	GVW GCW *****	VEHICLE USE *****	PRINCIPLE PLACE OF GARAGING CITY-COUNTY	RADIUS OF OPERATION ***	COLLISION DEDUCTIBLE *	OTHER THAN COLLISION S/P - DEDUCTIBLE **
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									

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DRIVER LIST			
NAME	DATE OF BIRTH	LICENSE #	STATE(S) LICENSED IN

Attach additional pages if necessary.

Attach all driving records for listed driver(s).

A. Please list all vehicles equipped to haul explosives:

B. Do you have IME-22 cap boxes on all these vehicles? YES / NO

If "NO", please give details:

C. Where are your vehicles parked overnight?

D. Please provide details of your vehicle maintenance program:

E. Do you keep DOT driver files and are they current? YES / NO

If "NO", please explain:

11. Do all **BLASTERS** have experience in the type of shooting you perform? YES / NO

If "NO", please explain:

12. Who is your distributor(s)?

A. Does your distributor deliver the product or do you ever collect the product in your own vehicle?

B. If you collect the product, please provide details including how often and type of product collected. _____

13. What is the radius of your operations from your main location? _____

A. What states do you work in? _____

14. What percentage of work is done:
- A. In urban areas? _____
- B. In undeveloped areas? _____
15. Do you use Blasting Mats when doing shooting in a developed area? YES / NO
16. Do you do perform pre-blast surveys within 250 feet of the blasting? YES / NO
- If "NO", explain _____
- _____
17. Do you have pre-blast surveys performed by an independent surveyor? YES / NO
- If "YES", when and by whom? _____
- _____
18. Is the owner / contractor responsible for the pre-blast surveys? YES / NO
- If "YES", is that responsibility specifically addressed by the contract? YES / NO
19. In your written contracts, do you agree to hold the owner / contractor harmless should a loss occur? NEVER / SOMETIMES / ALWAYS
20. Do you require that all blasting logs are kept current? YES / NO
- If "NO", please explain: _____
- _____

21. Blaster information: **PLEASE INCLUDE RESUMES OF LICENSED BLASTERS**

NAME	AGE	TOTAL YEARS EXPERIENCE AS A LICENSED BLASTER

TOTAL YEARS EXPERIENCE WITH FIRM	STATE LICENSE NUMBER	LAST FORMAL TRAINING

21. a) Have any of the above personnel ever been involved in a incident or claim resulting in Property Damage or Bodily Injury. YES/NO - If Yes, under separate attachment please provide description.
- b) Have any of the above personnel ever had a Blasting License revoked or suspended? YES/NO If YES, under separate attachment please provide summary of event.

PLEASE INCLUDE ALL LOSS HISTORY FOR THE PAST FIVE YEARS.

Please provide loss runs if available.

A. General liability:

YEAR	NUMBER OF CLAIMS	TOTAL INCURRED LOSSES

Please describe each of the foregoing losses including date of loss, paid indemnity, paid expenses, reserved indemnity and reserved expenses. _____

B. Automobile Liability:

YEAR	NUMBER OF CLAIMS	TOTAL INCURRED LOSSES

Please describe each of the foregoing losses including date of loss, paid indemnity, paid expenses, reserved indemnity and reserved expenses. _____

Please provide loss runs if available.

C. Contractor's equipment:

YEAR	NUMBER OF CLAIMS	TOTAL INCURRED LOSSES

Please describe each of the foregoing losses including date of loss, paid indemnity, paid expenses, reserved indemnity and reserved expenses. _____

D. Real property:

YEAR	NUMBER OF CLAIMS	TOTAL INCURRED LOSSES

Please describe each of the foregoing losses including date of loss, paid indemnity, paid expenses, reserved indemnity and reserved expenses. _____

Please provide loss runs if available.

E. Personal property:

YEAR	NUMBER OF CLAIMS	TOTAL INCURRED LOSSES

Please describe each of the foregoing losses including date of loss, paid indemnity, paid expenses, reserved indemnity and reserved expenses. _____

F. NO KNOWN LOSSES: If your company has not incurred any losses, please state this fact in writing on your company stationary. **Quotations cannot be secured without loss runs or written statements.**

PLEASE ATTACH A LIST OF THE LAST THREE (3) CONTRACTED JOBS YOU HAVE PERFORMED INCLUDING NAMES, DATES AND CONTRACTS.

28. Current insurance information:

A. Current insurance agent: _____

B. Current bonding agent: _____

C. Company providing bonding: _____

D. General liability insurance company affording coverage; your estimated annual receipts, the expiration date and limit of the policy and current premium: _____

E. Umbrella liability limit insurance company affording coverage; the expiration date of the policy and current premium: _____

F. Workers compensation, insurance company affording coverage; your estimated annual payroll, the expiration date of the policy and current premium: _____

G. Automobile, insurance company affording coverage; the amount of vehicles and the expiration date of the policy and current premium: _____

H. Contractors equipment (Inland Marine) company affording coverage; estimated value of equipment, the expiration date of the policy and current premium: _____

I. Property coverage company affording coverage; expiration date of the policy and current premium: _____

J. Attach any safety, procedures, brochures, hiring practices or other information which can be used for quoting purposes.



SIGNED AT _____

This _____ day of _____, 19____ **BY** _____
(applicant)

(position / title)

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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, 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."