

## BLASTING CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____ _____
Location Address: _____ _____

Agency Name: _____
Agent No.: _____
Phone No.: _____

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

### POLICY/EXPOSURES

1. Does insured have a **written policy** regarding use of explosives? .....  Yes  No  
If yes, provide a copy.
2. Describe any **blasting projects** conducted on property other than rural quarry sites or undeveloped areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SITE PREPARATION

3. 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
4. Does the **pre-blast survey** include **pictures** of pre-existing property damage to surrounding structures? .....  Yes  No
5. Are **stabilization devices** used, such as support braces or retaining walls, to protect structures whose integrity might be compromised by blast impact? .....  Yes  No
6. 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
7. 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**

- 8. a. Are electric-blasting circuits of sufficient current-carrying capacity and not grounded? .....  Yes  No
- b. Are **connecting wires** insulated and of single-wire type? .....  Yes  No
- 9. 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
- 10. 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 fifty (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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA 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 MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 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: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)