

Blasting Liability Insurance Survey

1. Name of Applicant: _____
2. Address: _____
3. Limit of Liability: \$ _____
4. Details of Present Insurance:
 - a) Insurer: _____
 - b) Limit: _____
 - c) Deductible: _____
 - d) Premium: _____
5. Give details of any claim for bodily injury or property damage which you have sustained in the past five years:

Date of Loss	Type of Loss	Details of Loss	Amount of Reserve	Amount Paid

6. Blaster Employees Information:

Name: _____ Age: _____

License Class & Number: _____

No. of Years with Firm: _____

No. of Years Licensed Blaster: _____

Date, Place & Sponsor of Last Formal Training: _____

Name: _____ Age: _____

License Class & Number: _____

No. of Years with Firm: _____

No. of Years Licensed Blaster: _____

Date, Place & Sponsor of Last Formal Training: _____

7. a) Are employees familiar with the U.S. Dept. of Mines Scaled Distance Formula for relating explosive charge to Distance? YES () NO ()
 b) Are log books kept for all blasts? YES () NO ()
 c) Is seismic monitoring done for all blasts? YES () NO ()
 If NO, describe criteria for deciding whether to use seismic monitoring: _____

- d) Are pre-blast surveys of adjacent properties conducted for all blasts?
 YES () NO ()
 If NO, describe criteria for deciding whether to conduct pre-blast surveys: _____

8. List major type of explosives commonly used: _____
9. a) What territories do you operate in? _____
 b) Distribution of work done in: Urban areas _____% Rural areas _____%
10. Industry Breakdown – list below percentage of receipts that come from the following industries:
- | | | | |
|------------|-------|-------------------|-------|
| Coal | _____ | Road Construction | _____ |
| Demolition | _____ | Site Preparation | _____ |
| Quarry | _____ | Utility Work | _____ |
| Seismic | _____ | Other | _____ |
- If Other, please describe _____
11. Do employees work in underground mines? YES () NO ()
 If so, please describe _____
12. If demolition work conducted:
- a) Maximum number of stories or structures _____ Receipts: \$ _____
 b) Foundation Removal Receipts: \$ _____
 c) Pier and Piling Removal Receipts: \$ _____
 d) Other Demolition Receipts: \$ _____ Describe _____
13. a) Total Number of Employees: _____ Payroll \$ _____
 b) Estimated Gross Receipts in coming year derived from:
 Drilling \$ _____ Blasting \$ _____ Other: \$ _____
 If other, please describe: _____
14. Do you operate a magazine? YES () NO ()
 If YES - Capacity? _____
 Type of Explosives stored? _____
 Location? _____

Distance to nearest third party property? _____

15. What is your usual method of preventing rock fly? _____

This application does not bind the applicant or the Insurer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. The applicant further declares that to the best of his knowledge, the statements set forth in this application are true. The applicant further declares that if the information supplied in this application changes between the date of this proposal and the time when the policy is issued, the applicant will immediately notify the Insurer of such change.

Signature of Insured

Date

Title