

## BLASTING OPERATIONS APPLICATION SPECIFIC CONTRACT ONLY

**PLEASE ANSWER ALL QUESTIONS  
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** \_\_\_\_\_

2. **Mailing address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

3. General Contractor on this job: \_\_\_\_\_

4. Any Liability Insurance carried by applicant?  YES  NO

With whom? \_\_\_\_\_ Limits: \_\_\_\_\_

Why are they not willing to insure this job? \_\_\_\_\_

5. Owners' Name, for whom blasting to be done: \_\_\_\_\_

6. Location of blasting operations: \_\_\_\_\_

7. Approximate contract price \_\_\_\_\_

8. Approximate commencement date: \_\_\_\_\_ Duration of Job: \_\_\_\_\_

9. Any seismographic controls or pre-blast surveys to be performed? \_\_\_\_\_

10. Full description of work to be completed: \_\_\_\_\_

11. Type of explosive to be used, also maximum number of pounds to be used? \_\_\_\_\_

Will log books be maintained?  YES  NO

12. State name of powder man (men) and length of experience with this type of operations: \_\_\_\_\_

Are all employees covered under WSIB?  YES  NO

If "No", please list numbers by job description and estimated payroll. \_\_\_\_\_

13. Describe work performed for Applicant by sub-contractors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is evidence of Liability Insurance obtained from all sub-contractors?  YES  NO

If "No", please explain \_\_\_\_\_

If "Yes", please advise what limits they are required to provide. \_\_\_\_\_

Does applicant have any agreements assuming liability?  YES  NO

If so, please describe and provide copies.

14. Type of terrain: \_\_\_\_\_

Type of rock (any possible rock slides, avalanches, cave-ins, etc.) \_\_\_\_\_

Approximate yardage: \_\_\_\_\_

15. Any service lines both overhead & sub-surface within 200 feet of blasting site? Provide details including distances: \_\_\_\_\_  
\_\_\_\_\_

16. Are there any buildings in the proximity within 200 feet of blasting site?  YES  NO

If yes, please supply a diagram showing distances and answer the following questions:

Occupancy, condition, age and value of adjacent buildings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do foundations rest on rock to be blasted?  YES  NO

Describe any existing defects in such buildings (*or attach copy of preblast survey*): \_\_\_\_\_  
\_\_\_\_\_

17. Any other public or private utilities such as dam, sewer lines, water lines, gas lines, water wells, etc. within 200 feet of site? Provide details including distances: \_\_\_\_\_  
\_\_\_\_\_

18. Any grading or hauling to be done in conjunction with this job?  YES  NO

If yes, describe: \_\_\_\_\_

19. Safety Precautions:

- a) Rock blocks: \_\_\_\_\_
- b) Matting or logs: \_\_\_\_\_
- c) Warning signs: \_\_\_\_\_
- d) Other precautions: \_\_\_\_\_

20. Storage and transportation

- a) How are explosives stored? \_\_\_\_\_
- b) How are they transported? \_\_\_\_\_

Are detonators carried separately from explosives? *(whether covered by Insurance or otherwise)*

21. General remarks (any special hazards or possible problems expected): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

22. **Claims History:**

Include total costs from ground up for each claim, whether covered by insurance or otherwise, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  YES  NO

If yes, give details: \_\_\_\_\_

23. **Non-Owned Automobile**

Number of employees using their automobile on company business: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

Estimated annual cost of hired automobiles: \$ \_\_\_\_\_

Estimated annual cost of automobiles operated under contract: \$ \_\_\_\_\_

*(Please provide details):* \_\_\_\_\_  
 \_\_\_\_\_

**24. Accident Prevention and First Aid**

First Aid Post: Doctors: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Nurses: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed?  YES  NO

What are the safety/emergency procedures in the event of an accident? **Please attach written outline.**

25. Please indicate limit(s) of liability required: \_\_\_\_\_

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

**I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.**

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

<b>BROKER NAME:</b> _____
<b>ADDRESS:</b> _____
_____
<b>PHONE NO.:</b> _____
<b>FAX NO.:</b> _____

Email Form

Print Form