

BLASTING CONTRACTOR APPLICATION

**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. **Other Locations:** _____

Phone number: _____

4. Number of Years in business under above name: _____

5. Types of blasting work undertaken: _____

6. Largest job undertaken? _____

7. Any other operations? _____

(Please provide full details) _____

8. Estimated Annual Receipts

a) From Blasting Operations \$ _____

b) From Other Operations (*please list*) \$ _____

9. Are you required to blast in proximity of :

- | | | |
|---|--|---|
| <input type="checkbox"/> Buildings _____ % | <input type="checkbox"/> Structures _____ % | <input type="checkbox"/> Gas or Oil Wells _____ %
Pipelines, Mines, Quarries |
| <input type="checkbox"/> Overhead or Undergroud Hydro Lines _____ % | <input type="checkbox"/> Public or Private Utilities _____ %
Such as Dams, Sewer Lines, Water Lines, Gas Lines, Water Wells | |

10. What types of explosives are used: _____

11. Are log books maintained? YES NO

List of Powder Men or Blasters	Years of Experience	Indicate License (If Unlicensed, please explain)

12 Payroll

Type of Work	No. of Employees	Wages/Salaries

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. Do you employ sub-contractors? YES NO

If yes, what operations do they perform? _____

Total estimated annual payments \$ _____

Do you require all sub-contractors to provide proof of liability insurance? YES NO

If "Yes", what limit? _____

15. When are seismographic controls and/or pre-blast surveys performed? _____

16. Safety Precautions (Please indicate when used)

- a) Rock blocks _____
- b) Matting or logs _____
- c) Warning signs _____
- d) Other Precautions: _____

17. Storage and transportation

- a) How are explosives stored? _____
- b) How are they transported? _____
- c) Are detonators carried separately from explosives? (whether covered by Insurance or otherwise) _____

d) Provide a sketch of vault/storage area showing distances from nearest structures, utilities, roads on a separate sheet.

18. Does applicant presently carry insurance? YES NO

If yes, who is present insurer? _____

Premium: _____ Limit : \$ _____

Is present insurance Claims Made? YES NO If Yes, state retro date _____

Are they willing to renew? YES NO

If no, please explain: _____

Does the policy cover all operations of the Insured? YES NO

If no, please describe: _____

19. Claims History:

Include total costs from ground up for each claim, 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: _____

20. Non-Owned Automobile

Number of employees using their cars on company business: Regularly _____

Occasionally _____

Estimated annual cost of hired cars: \$ _____

Estimated annual cost of cars operated under contract: \$ _____

21. 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

22. 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: _____

BROKER NAME: _____
ADDRESS: _____ _____
PHONE NO.: _____
FAX NO.: _____