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## Blasting Contractors Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. If necessary, attach a separate sheet of paper with complete details.

Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Has applicant been in business under any other name? .....  Yes  No  
If yes, list names. \_\_\_\_\_

2. Provide all personnel information requested below

NAME	YEARS EXPERIENCE	LICENSE #

3. Provide complete description of applicant's operations. \_\_\_\_\_

4. How is the general public protected (barricades, posting, public warning, siren or other audible warning)? \_\_\_\_\_

5. Does applicant have a permanent yard? .....  Yes  No  
If yes, give details. \_\_\_\_\_

6. Does applicant perform blasting within 100 ft of any structure? .....  Yes  No  
If yes, do they obtain a pre-blast survey? .....  Yes  No  
If no, explain. \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

7. Who performs the pre-blast survey? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are all charges set and detonated by licensed personnel? .....  Yes  No  
If no, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does applicant store any explosives? .....  Yes  No  
If yes, provide complete details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where are the explosives stored? \_\_\_\_\_  
Maximum quantity: \_\_\_\_\_  
Average length of time on premises: \_\_\_\_\_

10. Does applicant transport any explosives? .....  Yes  No  
If yes, provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. How are explosives transported? \_\_\_\_\_

12. Is Auto Liability in force for this exposure? .....  Yes  No  
If yes, provide carrier name, policy #, term: \_\_\_\_\_  
If no, decline.

13. Describe routes specified and cleared with local authorities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does applicant sub-contract any work? .....  Yes  No  
If yes, please provide completed details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Estimated Cost of Sub-Contracted Work: \$ \_\_\_\_\_

16. Are certificates of insurance obtained? .....  Yes  No

17. Does applicant have a written contract with subcontractor? .....  Yes  No

18. Does the written contract contain additional insured / hold harmless indemnification?  Yes  No

19. Estimated Gross Sales from Blasting Operations? \_\_\_\_\_

20. Estimated Payroll from Blasting Operations? \_\_\_\_\_

21. Estimated Jobs per year. \_\_\_\_\_

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date