

EXPLOSIVES TRANSPORTATION QUESTIONNAIRE



6 ROYAL & SUN ALLIANCE INSURANCE COMPANY OF CANADA

3 QUEBEC ASSURANCE COMPANY

4 WESTERN ASSURANCE COMPANY

Name of Insured: _____ Policy No.: _____

Broker: _____ Location: _____

Vehicle: Year: _____ Make: _____ Serial No.: _____

1. What is the radius of operation for this vehicle? _____

2. Which of the following class of explosives is carried?

Class 1 Class 2 Class 3 Class 4 Class 5 Class 6 Class 7

Give a brief description of the products and U.N. numbers:

3. Does the Insured require an "Explosives Transportation Permit"? Yes No

4. How often is it necessary for the Insured to use the vehicle to carry explosives? _____

5. What quantity of explosives is usually carried at one time? _____ Approximate amount in one year? _____

6. Is the vehicle required to be placarded while transporting the product? Yes No

7. To what extent is the vehicle operated in cities or populated areas while carrying such explosives? _____

In what city or town is the vehicle domiciled? _____

8. How long has the Insured been transporting explosives? _____

9. Is there a special training program for drivers? Yes No If yes, explain. _____

10. Are any precautions taken to minimize the possibility of explosion and what emergency response plan exists? Please attach plan.

11. Is the vehicle equipped with fire extinguishers? Yes No

If yes, indicate quantity and ratings _____

12. Where and to whom are the explosives usually delivered by the Insured? _____

13. What is the relationship of the Insured to the manufacturers of the explosives? Is he a purchaser, agent or warehouse operator? Explain fully.

Date: _____ Signature _____