

**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:

<b>Date of Loss</b>	<b>Type of Loss</b>	<b>Details of Loss</b>	<b>Amount of Reserve</b>	<b>Amount Paid</b>

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: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

License Class & Number: \_\_\_\_\_

No. of Years with Firm: \_\_\_\_\_

No. of Years Licensed Blaster: \_\_\_\_\_

Date, Place & Sponsor of Last Formal Training: \_\_\_\_\_

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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